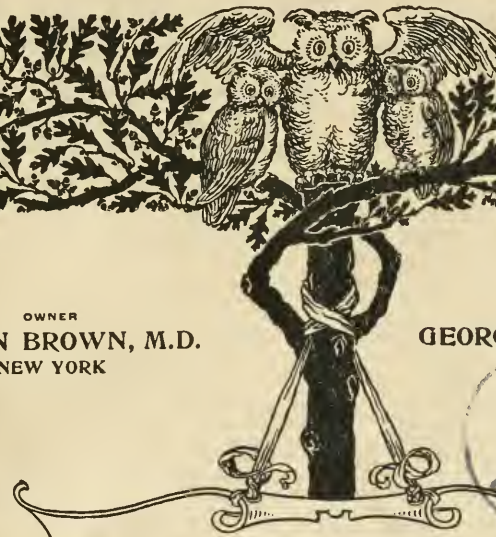
P Med

VOL. 2 No 2 JULY 15TH 1896 $2 OR 8s A YEAR

PEDIATRICS



OWNER
DILLON BROWN, M.D.
NEW YORK

EDITOR
GEORGE CARPENTER, M.D.
LONDON

LIBRARY
MAR 16 1949
UNIVERSITY OF TORONTO

DEVOTED TO THE DISEASES OF CHILDREN

PUBLISHED SEMI-MONTHLY
WITH ILLUSTRATIONS

SINDELAR.

VAN PUBLISHING Co 1432 BROADWAY COR. 40TH ST., NEW YORK
JOHN BALE & SONS. 85-89 GREAT TITCHFIELD ST. W LONDON
Eyre & Spottiswoode, Sydney, Australia.
J. C. Juta & Co., Cape Town, Cape of Good Hope.

INTRODUCED TO THE MEDICAL PROFESSION ONLY.

Gude's Pepto-Mangan

THE RED AND . . WHITE . . CORPUSCLES.

GUDE'S PEPTO-MANGAN has been before the American **Medical Profession** for over 5 years and been subjected to the most critical scientific investigations both in hospital and private practice, and proved to be the **ONLY** reliable preparation of Iron and Manganese that is assimilated and tolerated by the weakest stomach, and produces results.

FOR

- ANÆMIA
- RICKETS
- BRIGHT'S DISEASE
- AMENORRHŒA
- CHLOROSIS

REPORT OF FOUR CASES

TREATED WITH

GUDE'S PEPTO-MANGAN.

See MEDICAL RECORD, June 3, 1893, page 605.

CASE V.—F. B——, female, aged twenty two, was admitted to the hospital suffering from insufficiency of the mitral valve. Presented the pale and anæmic appearance seen in cardiac disease. After the patient had improved so that she was up and about the ward she was put on the pepto-mangan (Gude). The examination of the blood at that time showed eight and one-half per cent. of hæmoglobin and 2,600,000 corpuscles to the cubic millimetre. After taking the preparation twenty-five days the hæmoglobin was eleven per cent. and the corpuscles 4,000,000 per cubic millimetre.

CASE VI.—B. M——, aged twenty-four, suffering from primary anæmia and menstrual disturbances. No organic lesion. Hæmoglobin ten per cent., corpuscles 3,000,000 per cubic millimetre. After taking the preparation forty-three days the amount of hæmoglobin remained at ten per cent., but the corpuscles had increased 1,200,000 per cubic millimetre.

CASE VII.—C. V——, aged fifteen, presented the ordinary appearances of the anæmic girl at the age of puberty. No organic lesion. Hæmoglobin eight per cent., corpuscles 2,800,000. The examination of the blood after taking the pepto-mangan (Gude) forty days showed that the hæmoglobin was normal in amount, and that there were 4,000,000 corpuscles to each cubic millimetre of blood.

CASE VIII.—M. M——, female, aged twenty-four; six weeks after ovariotomy; presented a markedly anæmic appearance. Had shown a slight improvement in color after taking Blaud's pills for three weeks. These were stopped, and the iron and manganese preparation given. Examination of blood showed eight per cent. hæmoglobin and 3,200,000 corpuscles per cubic millimetre. After forty-eight days the hæmoglobin had increased two and a half per cent. and the corpuscles 1,300,000.

CAUTION — SPECIFY **PEPTO-MANGAN ("GUDE")** Prescribe an Original Bottle containing ℥ xi.

M. J. BREITENBACH COMPANY,

SOLE AGENTS FOR U. S. AND CANADA. . .

56 and 58 Warren Street, New York.

TO BE HAD OF DRUGGISTS THROUGHOUT THE UNITED STATES AND CANADA.

A PERFECT FOOD.

Liebig Company's

PEPTONE OF BEEF

LANCET says: "A powerful food."

BRITISH MEDICAL JOURNAL says: "A True Peptone of Meat."

MEDICAL PRESS says: "That the Liebig Company's Peptone of Beef is a Concentrated Food in the truest sense."

HOSPITAL says: "It is a Real Food."

PHARMACEUTICAL JOURNAL says: "Has never been approached by any similar preparation."

EDINBURGH MEDICAL JOURNAL says: "Very nutritious."

Samples free to Medical Men on application to LIEBIG'S EXTRACT OF MEAT COMPANY, LIMITED, 9 Fenchurch Avenue, E.C.

FRAY BENTOS OX TONGUES ARE THE BEST.

CONTENTS FOR JULY 15th, 1896.

PUBERTY IN GIRLS AND CERTAIN OF ITS DISTURBANCES—A PRACTICAL LESSON.....J. MADISON TAYLOR, M.D. 49

THE MUSCLES OF RHACHITICAL INFANTS..... A. JACOBI, M.D. 55

A CASE OF TUBERCULOUS ABSCESS OF THE THYMUS, WITH THROMBOSIS OF THE LEFT INNOMINATE VEIN,
GEORGE CARPENTER, M.D. 60

Illustration.

THE MANAGEMENT OF INFANT FEEDING...LOUIS FISCHER, M.D. 63

LA PERLECHE.....FRANCIS T. B. FEST, M.D. 69

MECKEL'S DIVERTICULUM.....W. C. DUGAN, M.D. 71

PRACTICAL NOTES..... 75

Physiology of Childhood.—Some Good Expectorants and Cough Remedies.—Cowling's Rule for Doses for Children.—Bleeding After Excision of Tonsils.—New Method of Administering Calomel.—Purulent Rhinitis of Children.—Ivy Poisoning.—Cloudiness in Antitoxin Serum.—Preparation of Pure Hydrogen Dioxide.

SOCIETY REPORT.—American Orthopedic Association..... 80

BOOK REVIEW.—Infantile Mortality During Childbirth and Its Prevention. 82

ABSTRACTS..... 84

The Pathology and Treatment of Rickets.—Operation for Ventral Hernia in a Child Aged Three Years.—Carcinoma of the Rectum in a Youth of Thirteen Years.—Abdominal Section Performed on an Infant.—Encephalocele: Operation—Recovery, followed by Hydrocephalus.—Osteoplastic Operation for Loss of Substance of the Tibia—Skiagraph Showing Result.—Acute Retropharyngeal Abscess, with a Report of Three Cases.—Sudden Death After Lumbar Puncture.—Intra-uterine Fœtal Endocarditis.—Removal of a Foreign Body from the Bronchus.—Is Inherited Syphilis Contagious?—The Effect Produced Upon Certain Animals by Injecting Into the Rectum the Toxins and Antitoxins of Diphtheria and Tetanus.

ITEMS.—American Pediatric Society..... 59
Chinese Method of Predicting the Sex Before Birth..... 59
Anti-Vaccinationists Getting Vaccinated 70

THE NEXT NUMBER OF

PEDIATRICS

WILL CONTAIN ORIGINAL ARTICLES BY

Joseph E. Winters, M. D.,
NEW YORK.

Frederick Peterson, M. D.,
NEW YORK.

Julius Morgenstern, A.B., M.D.

MEDICAL DEPARTMENT, *UNIVERSITY OF VERMONT.*

The FORTY-THIRD ANNUAL COURSE OF LECTURES will begin Thursday, January 16, 1896, and continue *six months.*

INSTRUCTION WILL BE GIVEN IN THE FOLLOWING BRANCHES:
ANATOMY, PHYSIOLOGY, CHEMISTRY, MATERIA MEDICA AND THERAPEUTICS, PRACTICE, OBSTETRICS, SURGERY, DISEASES OF CHILDREN, MEDICAL JURISPRUDENCE, NEUROLOGY, OPHTHALMOLOGY AND OTOLOGY, GYNÆCOLOGY, DERMATOLOGY, VENEREAL DISEASES, PATHOLOGY AND BACTERIOLOGY, HYGIENE, SANITARY SCIENCE AND EXAMINATION FOR LIFE INSURANCE.

LABORATORY COURSES in URINARY ANALYSIS, HISTOLOGY, PATHOLOGY and BACTERIOLOGY and PRACTICAL WORK in PHYSICAL DIAGNOSIS and DEMONSTRATIVE OBSTETRICS are now compulsory, and without extra fees.

The instruction is given by Scholastic and Clinical Lectures, by Recitations and by practical Manipulations by the student. The Clinical advantages are in many respects unsurpassed.
For further particulars, address the Secretary,

Prof. A. P. GRINNELL,
Dean.

Dr. B. J. ANDREWS,
Mary Fletcher Hospital, Burlington, Vt.

THE PHILADELPHIA POLYCLINIC

And College for Graduates in Medicine.

THE POLYCLINIC HOSPITAL.

A Great Hospital devoted strictly to **Post-Graduate Teaching.**

Its clinical service of **14,000 new cases** per year is supplemented by the services of TWENTY other HOSPITALS.

It affords **actual clinical and laboratory work** and individual instruction by its Thirty-two Professors and Forty-four Lecturers, Adjunct Professors and Instructors.

Its **general schedule** offers a **full day's** instruction for six days of each week, with perfect economy of time.

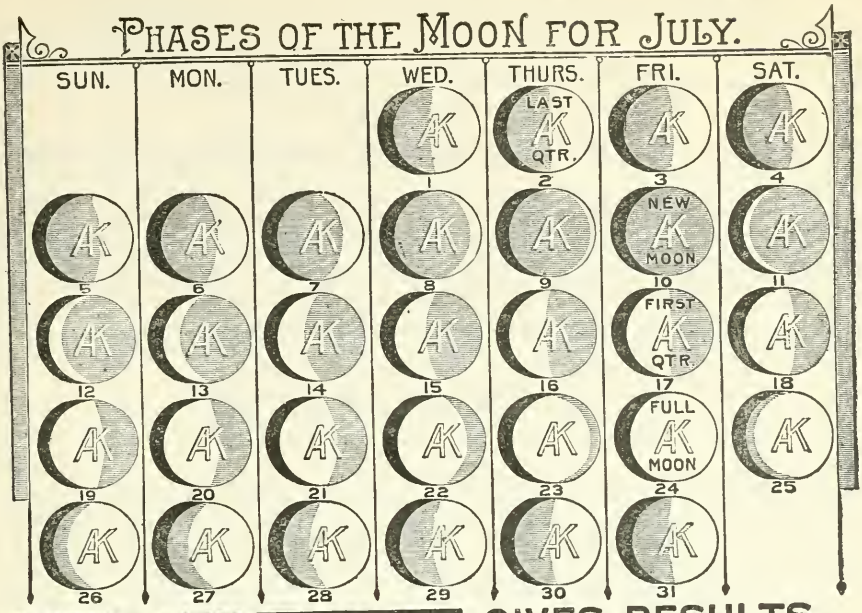
Its **special schedules** enable the student to devote the **whole day** to work on **one particular branch.**

The Fall and Winter Session extends from Oct. 1st to June 1st.

The clinical and laboratory facilities are unequalled. WEEKS OF SPECIAL INSTRUCTION are arranged from time to time. For announcement and schedules, address

MAX J. STERN, M. D., SECRETARY.

PHILADELPHIA POLYCLINIC, Lombard St., West of 18th,
OR WM. S. LEEFMAN, Clerk. **PHILADELPHIA, PA.**



Antikamnia **GIVES RESULTS**
with Safety, Certainty, Accuracy and Celerity.

Send your Professional Card for Brochure and Samples to **THE ANTIKAMNIA CHEMICAL CO., St. Louis, Mo., U. S. A.**

THE ADVERTISING PAGES

of **Pediatrics** are kept clean of quackish or objectionable matter, and the appearance of a business card therein means that the house is reputable and the article advertised legitimate.

THE ATTENTION OF ADVERTISERS

.....is called to the value of **Pediatrics** as a means of reaching the best class of physicians.....

INDEX TO ADVERTISEMENTS.

PAGE

Antikamnia,
Antikamnia Chemical Co.....iii

Antitoxin,
Lehn & Fink.....viii

Baby Powder,
Julius Fehr, M. D.....xi

Books and Journals
John Bale & Sons.....iv
Philadelphia Polyclinic.....x
Popular Science News.....v
Van Publishing Co.....xvi

Dioviburnia,
Dios Chemical Co.....xi

Food,
Hudson Chemical Co.....xi
Liebig Company's Peptone of Beef.....i

Furniture,
Druce & Co.....ix

PAGE

Instruments,
George Ermold.....x

Laxol,
A. J. White.....Third Cover

Medical Colleges,
Philadelphia Polyclinic.....ii
University of Vermont.....ii

New Remedies,
California Fig Syrup Co.....viii
Park, Davis & Co.....v
Schieffelin & Co.....Fourth Cover

Pepto-Mangan (Gude's.)
M. J. Brietenbach Co.....Second Cover

Typewriter,
Wyckoff, Seamans & Benedict.....xvi

JOHN BALE & SONS, PUBLISHERS.

Now Ready, fcap. 8vo, 80 pp., cloth boards, gilt lettered, price 3s. 6d.

EPICUREAN SCIENCE AND POETRY.

Selected from Lucretius by ISLAY B. MUIRHEAD, M.D.

WITH ILLUSTRATION.

580 pages, medium 8vo, with 76 figures, price 21s.

A MONOGRAPH ON DISEASES OF THE BREAST, with Special Reference to Cancer. By W. ROGER WILLIAMS, F.R.C.S.

CONTENTS: Ontogeny and Phylogeny—Morphology, Secretory Anomalies, &c.—Variations per Defectum—Polymastia, with special reference to the origin of Neoplasms from Supernumerary Mammary Structures—Hypertrophy, Gynæcomastia, &c.—Histology and Neoplastic Pathogeny—The Varieties of Mammary Neoplasms and their relative frequency—The Pathogeny of Cancer and other Neoplasms, with special reference to the Microbe Theory—The Morphology of Mammary Cancer—The General Pathology of Mammary Cancer—The Varieties of Mammary Cancer—The Clinical Features—The Treatment of Mammary Cancer—The so-called Villous Duct Cancers—Cancer of the Mammary Integument—Cancer of the Male Breast—Sarcoma of the Breast—Fibroma and Fibro-Adenoma—Lipoma, Chondroma, Osteoma, Angioma, Papilloma, &c.—Cystic Disease and Cysts—Non-Malignant Neoplasms and Cysts of the Male Breast—Axillary Tumors—Imflammatory and Suppurative Diseases of the Breast—Tubercle, Syphilis, &c.—Traumata, Neuroses, Minor Surgery.

Cr. 8vo, 104 pp., 5 illustrations, cloth, gilt lettered, price 3s. 6d.

CONGENITAL AFFECTIONS OF THE HEART,

By GEORGE CARPENTER, M.D., LOND.

Member of the Royal College of Physicians; Senior Physician to Out-Patients at the Evelina Hospital for Sick Children, London.

"The method Dr. Carpenter has adopted in treating a difficult theme commends itself to us, and the manner in which he has executed his task reveals careful consideration and is worthy of praise. . . . The work is illustrated by two original macroscopic sections of lung and may be commended as a very instructive study of a phase of heart disease which has rarely been more adequately treated."—*Lancet.*

"We have read this small volume with unusual interest, inasmuch as it has been compiled from the author's clinical experience in the out-patient department of a children's hospital, and we must congratulate Dr. Carpenter upon the concise manner in which he has laid before us the various diseases and abnormalities met with, and we heartily wish it the success it deserves."—*Provincial Medical Journal.*

"This is a useful little book on a very interesting subject. . . The book opens as it should with a lucid outline of the mode in which the heart and big vessels develop. . . . The clinical as well as the anatomical features of these cases are very carefully discussed."—*The Pharmaceutical Journal & Trans.*

"This little *brochure* of 102 pages gives a very excellent *resume* of the congenital affections of the heart and well repays careful reading. . . . This book, though small, is full of information, and the twenty-two cases reported are of special value."—*The Medical and Surgical Reporter, Philadelphia.*

"That there was a great need for this little volume is very clear to all who search the ordinary text-books for full and precise information on the congenital affections of the heart. . . Is a decided boon to students of children's diseases. . . . The result is most successful."—*Indian Medical Record.*

"Very instructive."—*Journal of the American Medical Association.*

"This little volume is well written and handsomely printed in clear type and includes the essentials of the subject which has not up to this time received very much attention. It will be found very instructive."—*Journal of the American Medical Association.*

SECOND EDITION, Revised and Enlarged. Demy 8vo, 86 pp., gilt top edge, price 2s. 6d.

THE SURGICAL TREATMENT OF PERITYPHLITIS. By FREDERICK TREVES, F. R. C. S., Surgeon to and Lecturer on Anatomy at the London Hospital; Member of the Board of Examiners of the Royal College of Surgeons.

SECOND EDITION. Demy 8vo, 160 pp., gilt top edge, price 2s. 6d.

Demy 8vo, 160 pp., gilt top edge, price 2s. 6d.

PERITONITIS: The Lettsomian Lectures for 1894. By FREDERICK TREVES, F.R.C.S., Surgeon to and Lecturer on Surgery at the London Hospital; Member of the Court of Examiners of the Royal College of Surgeons; Examiner in Surgery at the University of Cambridge.

SECOND EDITION, Revised and partly Re-written. Crown, 8vo, 200 pp., cloth, gilt lettered, price 5s.

ON CHOREA OR ST. VITUS'S DANCE IN CHILDREN. By OCTAVIUS STURGES, M.D., F.R.C.P., Senior Physician to the Hospital for Sick Children; and to the Westminster Hospital.

Royal 8vo, 92 pp., 4 illustrations, paper wrappers, price 5s.

THE OPERATIVE TREATMENT OF ENLARGEMENT OF THE PROSTATE, Based upon the Records of upwards of One Hundred and Forty Cases. Three Lectures delivered at the Royal College of Surgeons. By C. W. MANSELL MOULLIN, M.A., M.D.OXON., F.R.C.S., Hunterian Professor of Surgery and Pathology; Surgeon and Lecturer on Physiology at the London Hospital; formerly Radcliffe Travelling Fellow and Fellow of Pembroke College, Oxford.

SECOND EDITION. Demy 8vo, 12 pp., paper wrappers, price 1s.

THE RHEUMATIC CARDITIS OF CHILDHOOD, AND ITS PHYSICAL INDICATIONS. By OCTAVIUS STURGES, M.D., F.R.C.P., Senior Physician to the Hospital for Sick Children, Great Ormond Street; and to the Westminster Hospital.

Small 4to, 72 pp., with 3 page plates, cloth lettered, uncut edges, price 2s. 6d.

RHEUMATISM: Some Investigations Respecting its Cause, Prevention and Cure. By PERCY WILDE, M.D.

Crown 8vo, 148 pp., numerous illustrations, cloth, gilt lettered, price 5s.

TREPHINING IN ITS ANCIENT AND MODERN ASPECT. By JOHN FLETCHER HORNE, M.D., D.Sc. (Hon.), F.R.C.S.Ed., Honorary Surgeon to the Barnsley Beckett Hospital; and late Assistant Resident Surgeon, Leeds General Infirmary.

FOURTH EDITION. Crown 8vo, 32 pp., 8 colored plates, white linen boards, price 2s. 6d.

LACERATIONS OF THE PERINEUM. By FANCOURT BARNES, M.D, M.R.C.P.

"Dr. Fancourt Barnes has succeeded in enriching this publication with illustrations far more instructive than those found under the heading of Perinæorrhaphy in most text-books."—*British Medical Journal.*

"No obstetric practitioner should fail to read this little monograph."—*The Indian Medical Record.*

Any Book Will Be Sent Post Free on Receipt of the Published Price.

CATALOGUE ON APPLICATION.

OXFORD HOUSE, 85, 87, 89 GT. TITCHFIELD ST., OXFORD STREET, LONDON, W.

Infantile Diarrhœa

"I find **PEPSIN CORDIAL** (P. D. & Co.) a most satisfactory remedy in infantile diarrhœa, and all summer complaints due to faulty digestion and an acid condition or ferment in the alimentary canal. In diarrhœa with green acid discharges, in cholera infantum, in nausea and vomiting, its action is culminative and decisive."—CHAS. KELLY GARDNER, M.D.

SEND FOR SAMPLE—JUST DROP US A POSTAL.

Please mention PEDIATRICS.

PARKE, DAVIS & COMPANY,

BRANCHES:
NEW YORK: 90 Maiden Lane.
KANSAS CITY: 1008 Broadway.
BALTIMORE: 8 South Howard St.
NEW ORLEANS: Tchoupitoulas and Gravier Sts.

BRANCH LABORATORIES:
LONDON, Eng., and WALKERVILLE, Ont.

Manufacturing Chemists,

DETROIT, MICHIGAN.

Popular Science

News, Nature, Invention, Botany, Electricity, Chemistry, Medicine, Hygiene, Health. . . . . .

FORMERLY

BOSTON JOURNAL OF CHEMISTRY

ENLARGED AND IMPROVED

Contains a large number of Short, Easy, Practical, Interesting and Popular Scientific articles, that can be appreciated and enjoyed by any intelligent reader, even though he knew little or nothing of Science.

PROFUSELY ILLUSTRATED AND FREE FROM TECHNICALITIES.

Newsdealers, 10 cents. **$1.00 per year.**

Mention this paper for a Sample Copy.

Largest Circulation OF ANY Scientific Paper in the World.

PUBLISHED MONTHLY BY

BENJ. LILLARD, 19 Liberty St., New York.

Published on the 1st and 15th of the Month, $2.00 or 8 Shillings a Year.

PEDIATRICS

An Illustrated Semi-Monthly Devoted to the

Diseases of Infants and Children.

OWNER:
DILLON BROWN, M. D.
NEW YORK.

EDITOR:
GEORGE CARPENTER, M. D.
LONDON.

EDITORIAL STAFF:

MEDICINE.

Angel Money, M. D., Sydney, Australia, *Formerly Assistant Physician to the University College Hospital, and to the Great Ormond Street Hospital for Sick Children, London.*

A. Jacobi, M. D., New York, *Clinical Professor of Diseases of Children in Columbia College.*

J. Lewis Smith, M. D., New York, *Emeritus Professor of Diseases of Children in Bellevue Hospital Medical College; Visiting Physician to the Foundling Hospital and the Infant Asylum, etc.*

Frederick Forchheimer, M. D., Cincinnati, *Ex-President of the American Pediatric Society, and Professor of Diseases of Children in the Medical College of Ohio.*

Daniel Colquhoun, M. D., Dunedin, New Zealand, *Examiner in Medicine at the University.*

SURGERY.

Henry R. Wharton, M. D., Philadelphia, *Surgeon to the Children's and the Presbyterian Hospitals.*

Frederic S. Eve, F. R. C. S., Eng., London, *Surgeon to the London Hospital and to the Evelina Hospital for Children.*

Lambert H. Ormsby, M. D., F. R. C. S. I., Dublin, *Surgeon Meath Hospital and National Children's Hospital.*

C. P. B. Clubbe, M. R. C. S., Sydney, Australia, *Senior Surgeon to the Hospital for Sick Children.*

D. Leith Napier, M. D., Adelaide, New South Wales, *Senior Surgeon and Gynæcologist to the Adelaide General Hospital.*

Albert Martin, M. D., Wellington, New Zealand, *Surgeon to the Wellington General Hospital.*

ORTHOPEDICS.

Henry Ling Taylor, M. D., New York, *Assistant to the Hospital for Ruptured and Crippled.*

Frederic R. Fisher, F. R. C. S., Eng., London, *Senior Surgeon to the National Orthopedic Hospital, and late Surgeon to the Victoria Hospital for Children.*

THERAPEUTICS.

Reynold W. Wilcox, M. D., New York, *Professor of Therapeutics in the Post-Graduate Medical School and Physician to St. Mark's Hospital.*

John Thomson, M. D., Edinburgh, *Extra Physician Royal Hospital for Sick Children, and Lecturer on Diseases of Children, Edinburgh School of Medicine.*

Dawson Williams, M. D., London, *Physician to the East London Hospital for Children.*

TERATOLOGY.

Egbert H. Grandin, M. D., New York, *Ex-President of the County Medical Society; Consulting Obstetric Surgeon to the Maternity Hospital, and Gynecologist to the French Hospital.*

J. W. Ballantyne, M. D., Edinburgh, *Lecturer on the Diseases of Infancy and Childhood, Minto House; and Physician for Diseases of Children, Cowgate Dispensary.*

GASTRO-ENTERIC DISEASES.

Morris Manges, M. D., New York, *Physician to Mount Sinai Hospital and Editor of "Ewald's Diseases of the Stomach."*

J. Boas, M. D., Berlin, *Editor of the "Archiv fur Verdauungs krankheiten."*

TROPICAL DISEASES.

Surgeon Lieutenant-Colonel I. M. S., Charles H. Joubert, M. B., F. R. C. S., Calcutta, India, *Professor of Midwifery and Obstetric Physician, Medical College of Calcutta.*

Surgeon-Major H. P. Birch, Quetta, India.

GENITO-URINARY DISEASES.

Frederic Russell Sturgis, M. D., New York, *Visiting Surgeon to the City Hospital.*

G. A. Wright, M. B. Oxon., F. R. C. S., Manchester, *Senior Assistant Surgeon to the Manchester Royal Infirmary, and Surgeon to the Hospital for Children, Pendlebury.*

Fancourt Barnes, M. D., London, *Consulting Physician to the British Lying-in Hospital.*

NEUROLOGY.

Joseph Collins, M. D., New York, *Physician to the Hospital for Nervous Diseases.*

James Taylor, M. D., London, *Senior Assistant Physician to the National Hospital for the Paralyzed, and Physician to the North Eastern Hospital for Children.*

MATERIA MEDICA.

Henry H. Rusby, M. D., New York, *Professor of Materia Medica and Botany in the College of Pharmacy.*

LARYNGOLOGY AND OTOLOGY.

Wm. C. Glasgow, M. D., St. Louis, *Professor of Laryngology in the Missouri Medical College.*

Arthur H. Cheatle, F. R. C. S., London, *Surgeon to the Royal Ear Hospital and Aural Department of King's College Hospital.*

Max Thorner, M. D., Cincinnati, *Professor of Laryngology and Otology, Cincinnati College of Medicine and Surgery; and Aurist and Laryngologist to the Cincinnati Hospital.*

Peter McBride, M. D., Edinburgh, *Aural Surgeon and Laryngologist, Royal Infirmary; and Lecturer on the Diseases of the Ear and Throat, Edinburgh School of Medicine.*

DERMATOLOGY.

James Nevins Hyde, M. D., Chicago, *Professor of Skin and Venereal Diseases in Rush Medical College.*

Leslie Phillips, M. D., Birmingham, England, *Surgeon Birmingham and Midland Skin and Lock Hospital.*

OPHTHALMOLOGY.

Myles Standish, M. D., Boston, *Ophthalmic Surgeon to Carney Hospital and to Massachusetts Charity Eye and Ear Infirmary.*

William Arthur Brailey, M. D., London, *Ophthalmic Surgeon to Evelina Hospital for Children and Guy's Hospital.*

PATHOLOGY AND BACTERIOLOGY.

Henry Ashby, M. D., Manchester, England, *Physician Manchester General Hospital for Children; and Lecturer on Diseases of Children, Owens College.*

Alfred Lingard, M. D., India, *Muktesar, Kumaun Hills, N. W. P., Imperial Bacteriologist.*

PHYSIOLOGY.

C. S. Sherrington, M. D., F. R. S., Liverpool, England, *Holt Professor of Physiology, University College.*

PSYCHOLOGY.

T. Telford Smith, M. D., Lancaster, England, *Resident Medical Superintendent, Royal Albert Asylum.*

Lightner Witmer, Ph. D., Philadelphia, *Professor of Psychology in the University of Pennsylvania.*

SEND FOR SAMPLE COPY. ADDRESS PEDIATRICS.

1432 Broadway, New York, or 85 Great Titchfield St., W. London, or 7 Clarence St., Sydney, Australia, or J. C. Juta & Co., Cape Town, South Africa.

COLLABORATORS AND FOREIGN CORRESPONDENTS:

George A. Sutherland, M. D., London, England, *Physician to the North London Consumption Hospital, and to out patients Paddington Green Children's Hospital.*

Sydney Stephenson, M. D., F. R. C. S. E., London, *Ophthalmic Surgeon to the North Eastern Hospital for Children; Surgeon to the Ophthalmic School, Hanwell, W.*

Oscar Jennings, M. D., Paris, France, *Special Correspondent for the Lancet.*

A. E. Cordes, M. D., Geneva, Switzerland, *Consulting Accoucheur Misericordia Hospital.*

Dr. Stekoulis, Constantinople, Turkey.

Arthur Gamgee, M. D., F. R. S., Lausanne, Switzerland, *Emeritus Professor of Physiology, Owens College, Victoria University; and formerly Physician to the Edinburgh Royal Hospital for Sick Children.*

Professor L. M. Bossi, M. D., Genoa, Italy.

Professor Escherrich, M. D., Gratz, Austria.

Leon Lebovici, M. D., *Resident Physician at Carlsbad.*

Hugh Armstrong, F. R. C. S., Hay, New South Wales.

Prof. Dr. Moncorvo, Rio de Janeiro, Brazil, *Corresponding Member of the Paris Academy of Medicine, etc.*

Alfred E. Thomson, M. D., Cape Town, *Late Senior Surgeon to the Kimberly General Hospital.*

George Mackern, M. D., Buenos Ayres, Argentina.

Comments from our Exchanges.

American Medico-Surgical Bulletin, March 21, 1896, p. 408, Vol. 14.

Richmond Journal of Practice, 1896, x, p. 33: "Bright and progressive."

Medical Gleaner, 1895, vi, p. 209: "This journal is certain to succeed, for it has a large and important field."

South California Practitioner, 1895, x, p. 434: "The editorial staff includes men of great prominence, and is a guarantee of its high standard."

The Sanitarian, 1896, xxxvi, p. 89: "The first article by A. Jacobi, M. D., on infant feeding is alone worthy the subscription price to any practitioner who would be abreast with the advance of knowledge on the most important means of preserving the lives of infants."

From the *Medical Review of St. Louis, 1895, xxxii, p. 396:* "The contributions to No. 1 indicate that this journal, which is to be published semi-monthly, will be eagerly read, and that its existence will be a vigorous one from the beginning."

Fort Wayne *Medical Magazine, 1895, iii, p. 450:* "The contents of the first number are indicative of a high-class journal, and the character of the names comprising the editorial staff is an absolute guarantee that it will continue to maintain its standard of excellence."

Pacific Medical Journal, 1896, xxxix, p. 39: "It presents a right gallant appearance; it is well manned, and we predict for it smooth sailing. It will appear simultaneously in London and New York. We have shown our appreciation for it by making free use of its leading article, by that veteran, Dr. Jacobi, in our editorial on milk."

Pediatrics.—The semi-monthly journal, PEDIATRICS, which began its career the first of the year, is developing into a most lusty, scientifically formed youth. It is exceptional to find a journal showing such signs of unquestionable prosperity before it has cut its eye-teeth; and should it continue to thrive along the lines laid out for it, it will reach blooming womanhood before the expiration of many months and will have scores of ardent suitors at its feet. Even at the risk of uttering a hackneyed thought, the *Bulletin* feels that it fills a long-desired sphere—so completely that its competitors along its special line must wake up in order not to be left far behind in the race for honor in medical journalism.

Streptococcus.. Antitoxic Serum

GIBIER'S

EFFECTIVELY EMPLOYED IN

SEPTICÆMIA, ERYSIPELAS AND PUERPERAL FEVER.

(N. Y. Medical Journal, Feb. 22, 1896, J. E. Kelly, M.D.)

Fluid, 25 ccm. vials, ... per vial, $5.00
Dry form, one dose (equal to 12 ccm.) . per vial, 2.50

LEHN & FINK, SOLE AGENTS, 128 WILLIAM ST., NEW YORK.

Literature and Clinical Reports mailed to Physicians on request.

The Better Known, The More Approved

The simplicity of the combination is not more important than the method of obtaining the laxative principles of Senna to combine with aromatic carminatives, pure white sugar, water, and a small quantity of the juice or soluble substance of figs, to form the family laxative manufactured by the California Fig Syrup Co., and known to the medical profession by the fanciful name : : :

Syrup of Figs

given to the preparation to distinguish it from all other laxatives. The high standing of the managers of the California Fig Syrup Co. with the medical profession, and its special facilities for manufacturing a perfect laxative, guarantee to physicians the excellence of this product. : : : : : : : : : : : : : :

It is never sold in bulk, but in original packages only, which retail at 50 cents per bottle. Physicians wishing to prescribe "Syrup of Figs" may prevent substitutes by having their patients note the name of the California Fig Syrup Co. on the package.

CALIFORNIA FIG SYRUP CO., San Francisco, Cal.; Louisville, Ky.; New York, N. Y.

PEDIATRICS

Vol. II. JULY 15th, 1896. No. 2.

Original Articles.

PUBERTY IN GIRLS AND CERTAIN OF ITS DISTURBANCES—A PRACTICAL LESSON.

By J. Madison Taylor, M.D.,

Professor of Diseases of Children in the Philadelphia Polyclinic and Neurologist to Howard Hospital.

GIRLS who become pallid and feeble about the time of puberty constitute a more or less constantly recurring group of cases, and present themselves with a series of symptoms indicating symmetrical enfeeblement of mind and body, becoming lack-luster, losing interest in life, and are a source of considerable anxiety to their parents. Too often this group of symptoms escapes the attention it deserves; a medical adviser often trying, perhaps, several methods to relieve and failing, gives the time-serving advice to allow this child to outgrow the difficulty. It is a fact that Providence does see fit, not seldom, to happily endow these sufferers, for sufferers they are, with a final regeneration; meanwhile, much time is lost and many important years are spent in a condition of debility, both mind and body failing of right development, and if recovery does result spontaneously, the result is a weaker adult than need be were proper measures used.

There may be somewhere in medical literature comprehensive essays upon the subject of the changes due to puberty, but with considerable search and inquiry I have failed to find them.

Cases such as I have indicated interest me deeply, and it has been my good fortune to see some excellent results of treatment. Of course, if any organic disturbance is detected, if there be anything obviously amiss in the digestion or elsewhere, and these diffi-

culties are removed, then in the removing of that which is obvious other disordered states are helped, and final recovery, partial or complete, may be the result. High injections to the colon, accompanied by small doses of castor oil in capsules, are found to be most helpful to slow bowels.

The clinical picture I had in mind is this : so long as girls are in the vegetative stage with undeveloped sexual tendencies, while they romp and play as boys or girls should do, all goes well. The requirements of civilized society, consciously or unconsciously recognized, which limit the too boisterous play of girls, causing this to stop or offering discouragement, inducing an early over squeamishness about getting themselves dirty, or making more noise than custom encourages, taking more interest in the refinements of life than the essentials, gradually produces in girls approaching puberty an exaggerated sense of the importance of refined conduct. This is by no means confined to the upper class, although, perhaps, more often seen there.

Often very early the human female begins to suffer from slowly acting bowels ; not only so, but unless the opportunity for evacuating these is hedged about with all kinds of artificial safeguards, any discouragement will result in neglect. Teachers in schools have assured me of this, or, rather, admitted it when I pointed out the difference between boys and girls.

High injections of normal salt solution to the colon, along with small repeated doses of castor oil in capsules, are most helpful.

It is only necessary to advert to the important circulatory changes which arise during the establishment of menstruation, which is described with greatest clearness and attractiveness by Clouston in his admirable book on " Neuroses of Development."

An examination of the girl who seems to have lost her interest in life will usually reveal these symptoms : there is loss of appetite or over particularity in choosing of foods, very often some vitiation of tastes, lack of muscular activity, perhaps some little evidence of dyspnoea on exertion, irregular or slow acting bowels or recognizable failure in circulatory activities, especially clammy hands and feet, heaviness of breath, and if the lungs be examined the apices are seen to be insufficiently expanded. The heart exhibits evidence of dilatation, or at any rate, there is a flabbiness about it and a distance to its sounds, a heaving impulse and the pulse becomes over-readily disturbed in rhythm upon motion or excitement.

The girl will be more inclined to read and employ herself in

sedentary fashion, and will systematically avoid spontaneous activity and evidencing alertness. The blood, if examined, will be found defective in haemoglobin ; the urine perhaps of the highest specific gravity, probably alkaline, or it may be considerably increased in amount, or these conditions may alternate. The symptoms are vague enough to ordinarily escape attention, but prompt and persistent remedies are here of almost as much importance as in more seriously disturbed states. If all this be neglected the girl's character may sometimes be grievously altered and her future changed. She may be regarded, however, as merely quieting down from her hobeldyhoy stage, and many mothers will welcome this.

Now, as to the measures which should be persistently employed, for months rather than weeks, continued, it may be, for years. Nothing is of more importance than that the physician shall gain the confidence of his patient and secure her co-operation. If she will be frank and candid, discussing the matter with him freely, he will very often find much that would otherwise remain obscure. There are numerous physical conditions which demand careful weighing ; the doubts, the fears or ambitions, more likely a hypercritical self-examination ; at any rate, an increased introspection, and not seldom, a rather interesting conception or expression of views on life which will amuse and instruct the investigator. I have been greatly surprised and pleased to learn much that such girls as these could teach me.

The next thing is the question of incentive ; the devising how to secure an increased interest in life in its wholesomer aspects. Lack of incentive is the greatest stumbling-block in dealing with apathetic folk, whether children or adults, and here the individual factor, the individuality of the physician, comes in most strongly, and some men can infuse a greater degree of enthusiasm into their patients than others, and such are to be congratulated.

As to how we shall accomplish initial movements, an awakening of interest and invigoration of the will, few rules can be outlined or applied. It is a good rule, however, to strive earnestly to impress, not only the necessity of her doing as we direct, but to urge this with such subtlety and tact, and withal extreme persistence and variety in our methods, that the result is obtained soon or late. Flattery is an important agent, stirring the vanity which every one possesses, or should possess, and it is perhaps nowhere more influential than in dealing with large girls or young women, but the key-note of success lies just there. Of course, it is impossible to expect much success in shaping or directing forces until there is

enough of inherent vigor present to warrant activities, whether of the mind or the body.

The first organ to be looked to is the heart, not neglecting, of course, the digestive conditions. A powerful heart tonic used for a few days or weeks will help more than any other one medicine, and it is my custom to add to any tonic used, digitalis or strophanthus or nux vomica, in full doses—and by this I do not mean the rule of thumb procedures so commonly advised. So soon as we can secure a full, regular, strong pulse, and one which is not subject to more than the normal variations from lying, sitting or standing, and swift movements, we have the most important physical point gained. The amount and character of the animation is a fair indication of the usefulness of our heart tonics; the urination is also a helpful index, and these should be reduced to uniform measures.

The digestion requires assistance, and the predigesting agents, such as pepsin or pancreatine in solution, are not only of value but a good menstruum for other drugs. The bowels must be kept sufficiently active. The food should be supplied in adequate amount, using exact measurements, and had better be highly albuminous, at least for a time. There is usually very little aptitude for meat, and often revolt at milk. Regulated amounts of broiled or scraped beef or mutton, along with predigested milk or kumyss, will soon show results. Along with the digestive tonic it is well to use mineral acids, muriatic or, preferably, nitro-muriatic, especially where the urine is found to be alkaline, a very common cause of mental depression. Most cases of anemias in this class, as well as in younger children, are due to faults in the intestinal digestion, and important medicines, aside from those alluded to, are forms of myrrh, such as aloes and myrrh; and the intestinal antiseptics, salol, naphthol and bismuth, and the regular use sometimes of castor oil either once or twice a week, to secure thorough evacuation, or in smaller amount in capsule three times a day, immediately before meals, in 10 to 20 min. doses; very helpful in catarrhal states.

Many girls get into the luxurious habit of sponging themselves by piecemeal, in driblets of luke warm water, or taking a warm or hot bath, which they declare is a very great comfort and pleasure. It is, of course, not wise to insist on a cold bath at once, especially where menstruation is irregular, but this must be accomplished by the help of a competent trained assistant or a good nurse or maid. The use of cold water sponging or bathing should be learned and practiced. A good way to begin is with the patient standing in about three inches of warm water, and a maid sponging her off in a

little of this, immediately following with a larger sponge, rapidly going over her with salt water, growing colder each day until it is quite as cold as the room in which it stands, or more so, immediately followed with a brisk rub down, until the skin acquires a prompt reaction, and there comes a clear pink color from head to heel. This bath, moreover, is better given after a partial breakfast, such as a cup of cocoa, followed by rest in bed for half an hour, then the bath given by the maid, a rough rub down and finally breakfast. As the girl grows stronger she will take her cold bath herself and learn to enjoy it. It is valuable also, after some regular outing or exercise, to take another salt sponging, not so thorough, perhaps, and a rest, lying down from half to an hour, say, until the end of the afternoon and until the evening meal is ready.

The kind of exercise suitable to such cases varies very much and is too large a subject to discuss in full. One thing is manifest: the habitual inaction reacts upon the heart, increasing its feebleness, from whatsoever cause that may have come. A slowly increased exercise, along with vigorous tonic medication, will repair the fountain of motor force.

The lungs will be seen insufficiently expanded, at the apex especially, and respiratory gymnastics, if some one can be found to properly direct them, and this the physician himself should supervise. Forced deep breathing twice or thrice a day will accomplish this needed expansion, and will greatly aid in oxygenating the blood. The use of medicated inhalations is helpful, but to blow upon a horn or the use of a boy's pea-shooter would be equally good, and, in any event, will produce a deep respiratory action. At first the patient will complain that it makes her dizzy, and, being more or less apprehensive about their physical state, they will object. So soon as they can be induced to take mild, open air exercise, by which walking solemnly along the street is emphatically not the best, and not even a good way, they had best be encouraged to do so. The so-called calisthenic exercises, which mean "beautiful forcefulness," probably because they are usually so hideous, are devoid of interest and not particularly useful. Only that exercise is best which involves some pleased acquiescence in the performer or some interest in the doing.

Tennis is all very well, but is almost too violent for girls below par, and certainly until the patient gets into a moderately good condition. Golf is one of the best of possible exercises. The bicycle has the very profound merit of being acceptable to most persons, at least nowadays, while it is so fashionable; it may not be the best

thing to use, but it is certainly best to use something that is not harmful, and in most cases this fills a very obvious need. Swimming at the seashore or elsewhere is of admirable efficacy. Rowing gently in a skiff, the old-fashioned game of croquet, most unfortunately now out of fashion; the excellent and ancient game of graces, which really were more or less graceful, and that obsolete practice known as battledore and shuttlecock, all have merit. For those who can afford it, or in whom it is warranted, it is certainly best to prescribe and supervise a course of massage and regulated exercises in the way of Swedish movements; but the discussion here has rather to do with cases who do not care to be considered invalids, yet none the less require the full attention of physician and parent.

Girls who go to school are the victims in these days of the new-fashioned, silly forms of exercise called "Physical Culture," usually demonstrated by one of the least busy of the teachers, who tells them to stand up and wave their arms to a one, two, three order, and the girls present, under these circumstances, the most pitiable and imbecile expression. But, to be sure, this is better than nothing—better by far than sitting all day stagnating, and may serve a more or less useful turn. If, however, the time so used were employed in tossing back and forth a good old-fashioned bean bag from one to another, or that most useful of exercises, the medicine ball, causing it to make the circuit of the room, and omitting no one; perhaps keeping two or three going, giving eye and hand and brain all an opportunity of acting together, and involving, as it does, some little amusement of a competitive kind, and requiring some personal skill, would be the best employment of the short recess in the ordinary girl's school. When the weather admits of it, the best thing to do would be to don overshoes and warm head-gear, a pair of old gloves, and toss this medicine ball about out of doors. But if this be objectionable to the over-squeamish teacher or parent, let the windows be opened wide and the girls kept at exercise for ten minutes pretty actively; they would thus get a mouthful of clean air and a stirring up of the blood. It is, indeed, one of the most difficult problems to first select, and next to carry out the proper means of developing the bodies of our growing girls. The subject is woefully neglected, although there are a good many fashionable attempts made and the results are in a measure satisfactory.

THE MUSCLES OF RHACHITICAL INFANTS.*

By A. Jacobi, M. D.,

Clinical Professor of Diseases of Children in Columbia College, New York.

THE muscles of the newly born and of the infant are feeble. The total weight of the muscles of the newly born, compared with that of the adult, is one to forty, while the relation of the skeleton is but one to twenty-six. After a while only the dynamometric effect of the child's muscles will increase. Mainly is that so after the sixth year. But even then it is only temporary and not persistent. Nor is their sustaining and persistent strength satisfactory. The frequency of traumatic joint inflammation in infancy and early childhood results from the incompetency of muscular resistance. Falls are very frequent. Squinting is common in small children, simply because their muscles of accommodation and motion are insufficient. Scoliosis is frequent even in infants and children not suffering from or affected by any ailment. Growing pains are often muscular only, and the result of over-exertion.

This is much more evident in those suffering from rhachitis. What has been called rhachitical pseudo-paralysis by Berg and others is but a confirmation of the fact that the muscular structure is insufficient. This condition may be universal or only a certain class or combination of muscles are the principal sufferers. Strabismus is particularly perceptible in rhachitical infants. With it is occasionally combined, or there is found isolated in some instances, nystagmus, which being in such cases the result of the insufficient accommodation is mostly noticed to be bilateral. In many of these exclusively muscular cases there is a motion of the head in the same or opposite direction. An instructive case of the kind was published by Caille some years ago. Scoliosis is very common in rhachitical children and those who have been so.

It is true that rhachitical children are apt to be very strong after recovery, but the pressure that children are subjected to in our schools, and the expensiveness of fresh air in large cities, and the exposure to indoor life more than one-half or more of the year in our climate allow but little Easter resurrection to our rhachitis smitten little ones. Resurrection is preached only, and from the pulpits only. Habitual scoliosis of the very young, up to the tenth year, is almost exclusively muscular, mostly dorsal, or sometimes lumbar, with the convexity usually to the left. Not being able here to follow up the cases of school children with

* Part of a paper read before the Pediatric Section of the New York Academy of Medicine.

their left arm (shoulder forward) on the table, clothing amassed under one gluteus, and defective sight, I refer only to what we see in rhachitical babies, particularly when carried on one arm only. More than healthy babies they grow scoliotic. Even when sitting in their chair, not supported by their own strength, they topple over in one direction or the other. Even before scoliosis occurs there is a general flabbiness of the muscles, which prevents free sitting altogether and causes an apparent or actual kyphosis. The latter is easily distinguished from a spondylitis kyphosis, inasmuch as it does not exhibit the same angular shape. As long as no bones participate in the deformity the diagnosis can easily be made between that caused by weakness and that resulting from actual bone disease. By raising the baby's heels and hips, while the chest and chin are supported, the apparent curvature depending on the weakened muscles will instantly disappear and lordosis rather than kyphosis will be observed.

The feebleness of the infant's muscles when intensified by rhachitical malnutrition is evidenced by nothing better than the symptoms connected with the insufficiency of intestinal muscular tissue in early life, which is exemplified in different ways.

One of the reasons why, for instance, renal disorders are not at all uncommon in the intestinal diseases of early life (the others being as I have shown but lately in a paper on "Nephritis of the Newly Born," New York *Journal*, January, 1896, the disproportion of the large renal arteries and the small capillaries, and the large size of the intestinal vessels and villi) is the feebleness of the intestinal muscle in the young, which is less capable of expelling decomposing faeces and toxines. This feebleness of the muscles shows itself, however, still more frequently in another symptom, which is quite common in rhachitical children, and even pathognomonic for early rhachitis. Take an infant born at full term, with good weight, breast fed and apparently well and increasing in weight. The bowels are reported to have been regular for four, six or eight weeks, then they become costive. There is no apparent change, the baby does not appear to be sick, is perhaps a little quieter and paler. Even the early cranial changes of rhachitis are sometimes not so perceptible as to be positive evidence of that disease. But this constipation is. Go on with the same feeding, air and other surroundings being the same, and more symptoms of rhachitis will soon develop.

In order to be certain of your diagnosis of rhachitis from this symptom, every other cause of constipation ought to be capable of exclusion; for instance, chronic colitis and peritonitis, deficient or

viscid mucus, local atrophy of the intestinal muscle, or stricture of the intestine, perhaps even cystic tumor, though they be excessively rare. The apparent constipation which results from insufficient feeding, either intentional or not, and resulting in starvation; the super-abundance of casein in milk, of starch in artificial food; the relative absence of sugar; hardened faeces in the colon; hydrocephalus and other causes of defective innervation. Exclude also the drying up of the intestinal contents by excessive perspiration during the hot summer months, in hot rooms, under heavy clothing, or by diabetes insipidus. After excluding all these possible causes of constipation you will not fail to make your diagnosis of rhachitis, which will possibly be confirmed by other symptoms of rhachitis if you wait a short while, or rather, and that I prefer, by the effect of anti-rhachitical treatment.

The differential diagnosis is also to be made from the form of constipation which I have termed congenital constipation in the same article, *Journal of Obstetrics*, 1860, in which I discussed rhachitical constipation. In annual lectures and occasional papers, even in a discourse before the Eleventh International Congress, I have referred to the same subject because of its scientific and practical importance. It was not heeded much until some years ago, when foreign publications took up the subject; for instance, Marfan in an essay published in *Arch. Gen. de Med.* a few years ago. The facts are briefly as follows:

The embryological intestine is formed in separate divisions. There is no ascending colon before the fourth or fifth month of foetal life. In the newly born it is very short. In spite of this the large intestine of the mature foetus is longer in proportion than that of the adult. In the new-born it is three times, in the adult only twice as long as the body. This is the same proportion that is found for the small intestine, this being twelve times as long as the body in the newly born, eight times as long in the adult.

The ascending colon being very short the surplus of length belongs to the descending colon, especially to the sigmoid flexure. As the pelvis is very narrow, the great length of the lower part of the large intestine causes multiple flexures instead of the single sigmoid flexure of the adult, consequently now and then two or three flexures may be found overlapping and compressing each other. One of them is quite often found in the right side of the pelvis, and not at all as an anomaly, as Cruveilhier and Sappey thought. Huguier found it in that location so often that he proposed to operate for artificial anus on the right side in small infants.

This great length of the colon and the multiplicity of its flexures retard the movement of the intestinal contents, facilitate the absorption of fluids and render the faeces solid. Time and again have I been compelled to manually remove hardened faeces from the recta of babies otherwise normal, and fed exclusively on normal breast milk. The principal points of the differential diagnosis are consequently furnished by the time at which under the same apparently favorable circumstances constipation begins—in the "congenital" form at birth, in the rhachitical in the second or third month.

Under the ponderous heading of myasthenia gravis pseudo-paralytica Jolly describes in the *Berl. Kl. Woch.*, No. 1, 1895, the case of a boy of fourteen whose voluntary muscles exhibited an unusual degree of exhaustibility. All of the extremities suffered, so did the eyes, the neck, the cheeks, the lips. Voluntary action and electrical irritability had the same effect on them; that is, when the former was exhausted the latter was lowered. In a similar case, however, Mosso found that when voluntary action had exhausted the muscles electrical irritability was not lost. In this condition there is neither atrophy nor hypertrophy, and no local disease like that in juvenile muscular dystrophy. This peculiar condition is rather a contrast to myotony or to the tonic contraction produced in muscles by veratria, physostigmin or digitoxin. It may be compared with the effect of curare. This makes it not improbable that we have to deal here with the results of some chemical alteration in the muscles. Still, both Mosso and Benedict found similar conditions in central disorders. The former goes so far as to speak of a bulbar paralysis not attended with any anatomical lesions.

In several instances many years ago I subjected rhachitical children of the second year who could walk to the Faradic and galvanic currents. It appeared to me that when they were tired, the electrical current had to be increased. But such patients at that early age are not favorable subjects for experimentation.

The treatment in every such case should begin with rest and with exercise gradually increased. Hydro-therapeutic measures, from warm bathing to cold friction, are indicated. Massage will improve the circulation, and chemism, and arsenic and phosphorus will probably improve the general tissue building. Veratria, physostigmin, digitoxin in small doses and given frequently may be able to restore or produce the normal tone in the feeble muscles.

A syphilitic pseudo-paralysis of the upper extremities was described by Bednar nearly half a century ago (*Diseases of the Newly Born, vol. iv, p. 227*). In sixty-eight cases of hereditary syphilis he

met with it sixteen times in the upper extremities, once in the lower, and twice in all of them. He explained it by muscular relaxation of peripheral, not central, origin, and saw it getting better with tumefaction of the bones, under the prolonged use of mercury.

American Pediatric Society.—The following officers were elected for the coming year: President, Dr. Samuel S. Adams, Washington; first vice-president, Dr. W. S. Christopher, Chicago; second vice-president, Dr. Charles W. Putnam, Boston; secretary, Dr. Frederick A. Packard, Philadelphia; treasurer, Dr. Charles W. Townsend, Boston; recorder and editor, Dr. Floyd M. Crandall, New York; member of council, Dr. William Osler, Baltimore.

Chinese Methods of Predicting the Sex Before Birth.—A round, prominent abdomen projecting forward so as to interfere with locomotion indicates a girl, while a uterus extending very high upward means a boy. A fresh color of the skin, with only a slight pigmentation, especially of the areola and slight change in the features, points toward a girl, the opposite condition to a boy; violent movements of the fœtal extremities also indicate a girl. When after the seventh month the right hand of the fœtus can be felt moving in the left side of the mother's abdomen—there may be some doubt about the mother's ability to distinguish the right hand of the fœtus from the left—it is male. The most interesting methods cited are two which point to a very high development of the mathematical faculty among the Chinese. The first depends upon the second figure of the mother's age and the probable month of conception. If both figures are odd or both even, the child will be a boy. If one is odd and the other even, a girl is expected. The most complicated method of all was published in 1593, by the wise man, Fschweng-Fa'wei: To the number 49, evidently a number regarded as sacred, add the number of the month of conception, and from the sum subtract the age of the mother; then subtract 1 (for the heavens), 2 (for the earth), 3 (for mankind), 4 (for time), 5 (for the elements), 6 (for the musical scale), 7 (for the plants). If the remainder is an odd number, the child will be a boy; if even, a girl. If the remainder is larger than the number eight, that number is also subtracted (for the directions of the wind), and the decision made according to the final remainder. Even European residents of China believe in this method.—J. J. Matignon, *Archives de Tocologie et Gynecologie.*—*Med. Rec., 1896, xlix, 718.*

A CASE OF TUBERCULOUS ABSCESS OF THE THYMUS WITH THROMBOSIS OF THE LEFT INNOMINATE VEIN.

By George Carpenter, M. D.,

Senior Physician to Out-Patients, Evelina Hospital for Sick Children, London.

ELDRED H. C., aet. 2 years, came under my care on July 1, 1895. He had been wasting since Christmas and had been troubled with diarrhœa and a bad cough. Until a year old he had been a healthy child, when he had an attack of measles and from that time he had not been well.

His father died of phthisis two months previous to his coming under my notice. Before I made a physical examination I was immediately struck by his swollen face and his wasted body, the former being suitable for a well-nourished child of his years; his extremities were cold and his lips blue.

The following abnormalities were noticed when a physical examination was made:

Lungs.—On the right side in front there was dullness as far as the third rib, and behind it was limited to the area of the chest corresponding to the upper lobe, as also in the axilla.

Over the dull area there was a vesicular murmur, but occasionly the expiratory murmur was rather hollow, and tubular breathing could be detected when a laryngeal noise was made; it was then heard with expiration and was quite loud.

On the left side in front, over the second interspace, there was a small patch of tubular breathing but no dullness. The sternum from the level of the third rib upwards was dull—to the right it merged into the lung dullness, below it ran into the cardiac dullness, and to the left it slightly encroached beyond the margin of the sternum.

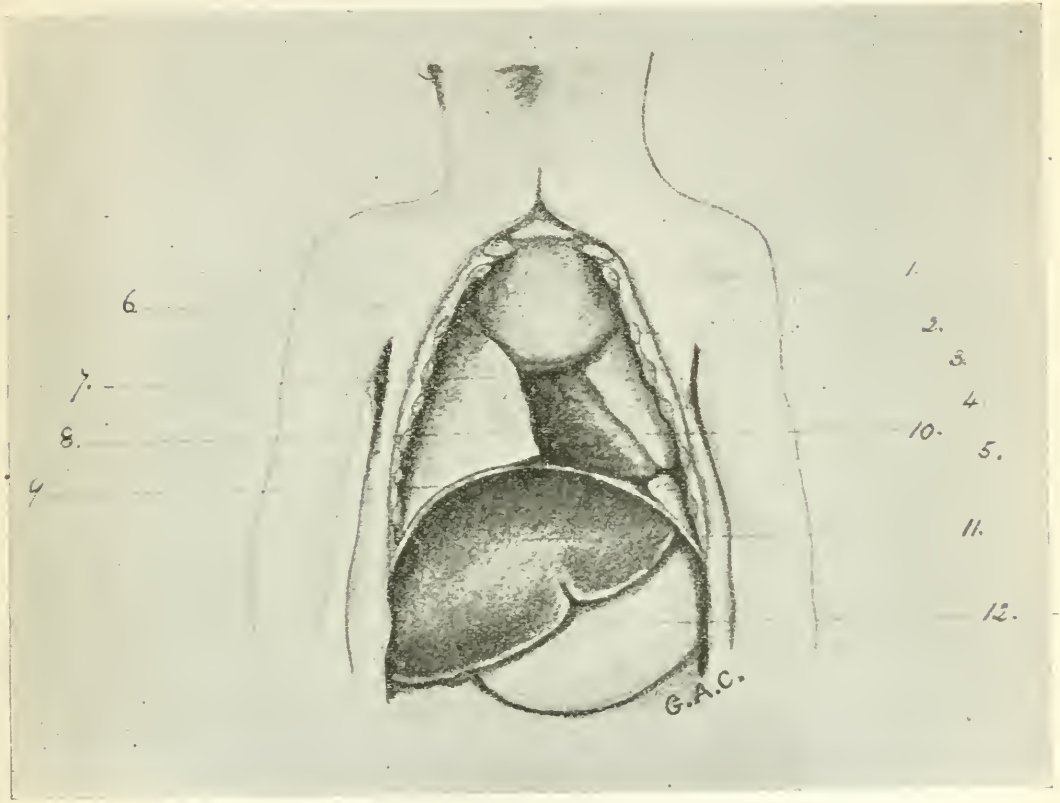
The heart was normal and nothing amiss was found with the other organs; the liver was below the costal margin in the nipple line about a finger's breadth.

The face and neck were puffy, but they were not oedematous in the sense that they pitted on pressure; puffiness of the eyes was marked after a fit of crying. There was a bright flush on the right cheek. The veins above the left clavicle were enlarged, but the venation on the right side was not so marked.

The arms were not swollen.

Whilst under observation diarrhœa was a troublesome feature of the case, but apart from this nothing worthy of note occurred and

he died after being in hospital some thirteen days. He certainly did *not* suffer from "thymic asthma" when under my care.



Abscess of the Thymus in a child, aet. 2 years. 1 to 5, the 1st, 2d, 3d, 4th and 5th ribs; 6, abscess; 7, the right lung; 8, heart; 9, diaphragm; 10, left lung; 11, liver; 12, stomach.

Autopsy.—In the anterior mediastinum on removing the sternum a fluctuating tumor was seen. Its surface was non-adherent to the sternum and smooth. It overlapped the base of the heart and the great vessels and was continued into the pericardium. Its extreme lower limit was on a level with the third rib, its upper the top of the sternum, and its diameter about that of a tangerine orange. No trace of the thymus could be found. On opening the pericardium a small quantity of serum escaped, in which floated small flakes of lymph, and both the visceral and parietal layers of the pericardium

gave evidence of an early pericarditis. The aorta, pulmonary artery, and superior vena cava were seen to disappear behind the tumor, and on cutting into this pus escaped. When this was evacuated a cheesy membranous lining came in view, and when this was stripped the underlying tissue was found to be smooth and of a rather bright venous blood color, and just like the cavities found in the right apex. Across the abscess cavity passed the obliterated left innominate vein—the right innominate vein was outside the sac. The arteries were situated behind the abscess and were unaffected.

Right lung.—The upper lobe was solid. At the extreme apex a cavity was found full of caseous material and sufficiently large to admit the terminal phalanx of the thumb. Half an inch below this was a cavity, the size of a Spanish nut, with similar contents. At the base of the upper lobe was a cavity the size of an almond. Scattered through the solid lung were tubercles the size of a pin puncture, some of them pale, others with a yellow tinge. The bronchial glands in the immediate neighborhood were all cheesy and matted together. There were two cheesy glands between the upper and lower lobes. The upper lobe was very adherent to the chest wall, the lower a little; and the upper and middle and lower lobes were slightly adherent to one another.

The lower lobe was healthy, except the apex, where there was a yellow caseous mass the size of a pea, surrounded by sago-grain tubercles.

In the middle lobe were two cheesy tubercles, one the size of a split pea, the other somewhat smaller, and around them was a halo of semi-confluent sago-grain tubercle. There were no tubercles in the adhesions, but a few subpleural sago-grain granulations were found. The sago-grain granulations varied from a pin puncture to a pin's head in size.

Left lung.—In the center of the upper lobe was a patch of consolidation the size of a pea, which was caseating and surrounded by sago-grain granulations—a few sago-grains were dotted about. The lung was crepitant. At the root of the lung the glands were not enlarged and appeared to be normal.

Apart from the abnormalities mentioned the organs were natural.

THE MANAGEMENT OF INFANT FEEDING.*

By Louis Fischer, M. D.,

Associate Professor of Diseases of Children, New York School of Clinical Medicine; Physician to the Messiah Home for Children; Attending Physician, Children's Department, German Poliklinik, and to the West Side German Dispensary.

ALL pediatrists will agree that nothing more difficult confronts them in their daily practice than to decide exactly what to feed a baby, and in this paper I shall discuss the subject under two divisions: First, infant feeding in health; second, infant feeding in disease. The term "infancy" is here used to include all times from birth to the end of the second year, or until the completion of the eruption of the milk teeth. No one will dispute the fact that the feeding of a sick baby is an entirely different matter from the feeding of one in good health. I shall therefore first consider feeding in health. An infant may be fed in two ways: First, from the human breast; second, from a bottle, otherwise known as hand-feeding or artificial feeding.

Nursing of the Newly Born.—An infant should be put to the breast as soon after birth as the mother's condition warrants, which is usually between six and twelve hours. The first milk contains colostrum, which consists of laxative salts, and clears the child's intestinal tracts. It does contain some nourishment, and the usual addition of sugar water to the dietary, or milk and water where colostrum is given, is deleterious.

The proper secretion of milk in a normal breast rarely takes place before the third day. An infant should be put to the breast every two hours. By this stimulation it aids the formation of milk and also the contraction of the uterus. Should there be a deficiency of milk supply, however, then cow's milk might be advantageously given, diluted as follows:

One-third cow's milk,

Two-thirds water,

One piece of loaf sugar and some salt.

The minutest instruction should always be given as to the interval between each nursing, as to the quantity that a child should take, for some children with a good appetite require both breasts for one meal, as to regularity in feeding and about feeding at night.

A healthy child during the first two months requires the breast every two hours, from 5 a. m. to 11 p. m. The child should not

* Read by invitation before the Society for Medical Progress, New York, April 11, 1896.

sleep with its mother, but be trained to sleep in a crib for at least six hours, so as to insure some rest at night for the mother.

This is a vital point in my opinion, as, from the prolonged lactation, the quality and quantity of the mother's milk must never be lost sight of, and unless the mother has her proper rest the milk will be deficient in quality.

I wish to emphasize the fact that we must individualize our method of feeding, and remember that while some children merely require food once in three hours, others will require feeding every hour and a half.

The strong, newly born infant has a stomach capacity of about one and one-half ounces. It has been found that an excessive feeding over this amount may cause vomiting. Slow nursing extending over fifteen minutes is preferable to quick nursing. In this way a child would probably receive about twelve ounces of milk in each twenty-four hours during the first week. The infant could be fed once every two hours, giving us ten feedings in twenty-four hours and allow four hours for rest.

As the child gets older and stronger the stomach capacity increases, and the interval of two hours between each feeding can be prolonged so that one feeding every two and one-half hours or eight feedings in twenty-four hours would be sufficient, never omitting the interval of rest at night for the recuperation of the mother. Between the third and fourth month the child need be nursed only every three hours, and experience has shown that an infant takes about three to six ounces at each feeding, or between twenty-four and thirty-six ounces in twenty-four hours. This will amount to six to seven feedings in twenty-four hours.

Wet Nurses.—If the infant's own mother cannot nurse her child, then we can and should try to secure a wet nurse.

The wet-nurse must be carefully examined as well as her child for the presence of syphilis. With your permission, I beg to refer to a short paper on this subject, published in the *American Medico-Surgical Bulletin* in January, 1894:

Never have a baby fed by the milk of its mother if the latter suffer with general debility or tuberculosis. Extremely nervous mothers should not nurse their babies.

Syphilitic babies (hereditary) can only be nursed by their own mothers, owing to the risk of infecting the wet-nurse. Very frequently the life of the child is dependent on its being nursed by its mother in syphilis.

(*a*) The return of menstruation is no contra-indication to the continuation of nursing.

(*b*) The moment a woman is pregnant nursing should be stopped.

(*c*) Children should not be nursed at night unless for some special reason.

(*d*) Weaning should take place gradually, and only in the eighth to the tenth month.

(*e*) It is understood that weaning should not be commenced during the hot summer weather.

The main factor in determining the time of weaning is "weighing." Children must be weaned when, although in perfect good health, they remain below normal weight.

(*f*) Prolonged nursing will induce rhachitis.

2.—If, for various reasons, a child cannot be nursed by its own mother, we then resort to the wet-nurse.

(*a*) She must be carefully examined as to her physical condition; tuberculosis, all chronic disorders and diseases would prevent proper nursing. Hereditary nervous troubles, epilepsy or syphilis would exclude nursing.

Milk requires examination to determine amount of fat, the condition of the emulsion, etc.

(*b*) It is a good point to try to procure a wet-nurse suckling a child about as old as the one we wish her to nurse, although it is quite common to find nurses who have older children than the one they wish to nurse and to find the latter doing well.

(*c*) The proof of the usefulness of the wet-nurse is the condition of the baby after some time. If the child thrives it will increase in weight. Hence scales must be frequently used.

Weaning.—When a child reaches the age of six months, it is well to think of weaning. I have very successfully tried gradual or partial weaning. This consists in giving at the age of six months one hand-feeding of six to eight ounces during the twenty-four hours. It is to consist of cow's milk three ounces, and, if the bowels are regular, three ounces of barley gruel, made with water, and about ten-fifteenths grains of ordinary table salt and one-half lump of cane sugar.

Each month following the sixth month we can withdraw one breast-feeding and in its place substitute an artificial feeding, so that by the ninth month the infant is weaned. Unless it be midsummer, or on account of some special condition, complete weaning should take place about the tenth month.

In addition to giving a bottle in the method of partial or gradual weaning, a small piece of crust of bread or zwieback can be added to the dietary, besides a little thin beef soup or expressed meat juice.

If an infant while nursing does not increase in weight between five and six ounces weekly, then it is better to advise a careful examination of the breast milk. For this purpose numerous instruments have been devised, as Marchand's lactobutyrometer, but probably the simpler method of examination for cream and fat devised by Holt is best. This little instrument, which I show you, is known as the creamometer, and shows the relative percentage of cream and fat in the milk. A drop of milk placed under the microscope will easily tell the story.

Hand or Artificial Feeding.—If we cannot give our infant breast or human milk, then we must resort to artificial feeding. Our choice will lie between giving peptonized, humanized, pasteurized, sterilized, modified or boiled milk, or possibly some patent food.

The method of peptonizing milk with parcreatin and soda is too familiar to mention, and, as it is only used in sick babies, I will only allude to it.

Humanized Milk.—A pint of milk is set aside until the cream rises, and this cream is skimmed off and kept. To the milk remaining is added enough rennet to curdle it. The whey is strained off the curd and added with the previously separated cream to a pint of fresh cow's milk. This is known as humanized milk. In some infants it will be well borne during the first three months, and to this can be added farinaceous liquid for dilution if required.

Pasteurized Milk.—This is really partially sterilized milk, and consists of sterilization at a temperature of 167° F. instead of 212° F. This sterilization to be continued for from twenty minutes to half an hour. Pasteurized milk should only be used during the twenty-four hours following this process. A good apparatus for this purpose is the one known as Dr. Freeman's Pasteurizing apparatus.

Sterilization.—I desire to be put on record as stating that with our present knowledge nothing better than sterilized milk has yet been devised. On November 12, 1891, I demonstrated an improved Soxhlet sterilizer before the Section of Paediatrics of the New York Academy of Medicine. The sterilizers which are in actual use in this country are easily tampered with, so that there is no guarantee of the milk remaining sterile, whereas in the Soxhlet apparatus when the stopper is removed the bottle of milk must be used at once. The difference is very apparent if you will compare the two bottles.

Fluids for Dilution of Milk in Hand-Feeding.—*Barley Water.*—Take a tablespoonful of pearl barley, grind it in a coffee grinder, or pound it in an ordinary mortar, add one pint of cold water, and allow it to simmer slowly for about an hour. Strain and add enough water to make one pint.

Oatmeal Water.—Take a tablespoonful of ordinary coarse oatmeal, and add one pint of water. Allow it to simmer slowly for one hour and strain. Add enough water to make one pint. The same directions apply to making a household mixture of farina water, rice water, or sago water, using the same proportions as above.

Arrowroot.—Add two tablespoonfuls of arrowroot to one pint of water; allow it to simmer for half an hour, stirring it constantly.

Pasteur found that subjecting milk to a temperature of 160° to 170° F. for fifteen or twenty minutes will destroy all germs of tuberculosis, scarlet fever, diphtheria and pneumonia. As this is all that is necessary to make milk sterile, it answers all practical purposes. Heat above 165° F. destroys the starch fermenting ingredient of milk, called galactosine, which is an important loss to the infant.

Lact albumen, which is allied to serum albumen, is coagulated by heat. This produces the unpleasant smell which characterizes boiled milk. Milk sugar is destroyed or changed. Cream can be seen floating as fat globules upon the surface of sterilized milk, and it is necessary that the digestive function should change it to an emulsion before it can be absorbed. Caseine is also changed by sterilization. Baginsky states that it requires more rennet and a higher temperature to effect the digestion of the casein of sterilized than that of new milk.

Since sterilization produces the effect just noticed, Pasteurization, which is sufficient to destroy pathogenic bacteria, will answer our purpose better. Pasteurized milk however cannot be used after twenty-four hours. What asepsis in surgery is to antisepsis, so pure, natural, sterile milk is to artificially sterilized milk. Should we ever be able to receive milk from our dairies free from micro-organisms then we can easily discard artificial methods of sterilization and Pasteurization.

Modified Milk.—It has been several years since a Walker-Gordon Milk Laboratory was established in New York. The experiment is attempted to reduce the feeding of infants to a laboratory process of prescription writing. Blanks are given the physician, which are filled out according to the child's age and weight, calling

for a definite per cent. of fat, milk sugar, albuminoids and water, and prescribing the number of feedings, the amount of each feeding, the percentage of alkalinity, etc. This is a practical method and appeals to the physician at first, but it is necessary to familiarize one's self with the mysteries of this method before one can properly judge of its merits. I have given modified milk a careful trial in my private practice. The milk is too expensive for hospital and dispensary work. Two children, aged respectively one year and nine months, were given modified milk. The first symptom encountered was constipation, which could not be relieved. We changed the formula many times but finally gave up in despair. Our next case was a healthy infant, with a good appetite, but a tendency to vomit small curds. For a time the child seemed to improve on modified milk, but the gain was no greater than I was accustomed to see under simpler methods of feeding. The child died of exhaustion following a pneumonia. Another child was given modified milk to relieve a catarrhal condition of the stomach and bowels; the formula was changed several times, but the child did not increase in weight sufficiently and it was therefore discontinued.

A very interesting case is the following: A child, 11 months old, was given modified milk for an irritable state of the stomach. Although I continued to increase the quantity of sugar and cream, as is customary, the child did not increase in weight more than one pound in about two months. The bowels were extremely constipated, and solid, cheesy curds were passed in the stools. The milk was changed as often as once a week, and was finally abandoned as merely a laboratory experiment. The child was put on a more substantial diet, and although much stronger, it is a typical case of rachitis. I have seen three distinct cases of rickets in these laboratory fed babies, and if we can compare the ordinary infant that we see brought to our dispensaries from tenement houses fed with condensed milk and water, they are much the same class of rickets at less expense.

Infant Feeding in Disease.—The general rule for a weak catarrhal stomach with excessive vomiting is first, total abstinence from milk, second, if milk is given to peptonize it, and third, if vomiting still persists to discontinue all feeding and rely on nutrient enemata. In the latter case, it must be borne in mind that the rectum absorbs but does not digest, so it is very important to thoroughly predigest foods for rectal alimentation. It is always better to use small quantities. In pneumonia or severe febrile diseases, it is better to give children one-half the usual quantity that we would give

in health. Sterilized water with an egg beaten with it is very nourishing.

In certain cases of meningitis, or where a semi-comatose condition exists and there is great irritability or active peristalsis in the lower bowel, it is better to give the bowel a rest and to rely on

Forced Feeding.—This consists in introducing in the stomach through a small Nelaton catheter, No. 9 or 10, at regular intervals, several ounces of peptonized milk, beef juice, chicken broth, veal broth, beef broth or mutton broth. Forced feeding is exceedingly valuable in avoiding schluck-pneumonie in infants that have been intubated. It is not a safe plan to permit one of the members of the family to introduce the tube into the stomach, for fatal cases have occurred as a result of liquids being poured into the bronchial tubes through a catheter which was inserted by mistake into the larynx. In cases of trismus we can then resort to nasal feeding. This method is frequently resorted to in malignant cases of diphtheria.

LA PERLÉCHE.

By Francis T. B. Fest, M. D.,
Health Officer, Plank Road, Mich.

WHEN I read in the issue of June 1st of Pediatrics the editorial on "La Perléche," I recognized a disease which had puzzled me for about four months. Since that time the children in my neighborhood complained of a peculiar inflammation of the lips. The phenomenon was the same as described by Dr. James Nevins Hyde—thin and white or yellowish scaly crusts that show after removal a rough, inflamed surface. The contagious property stands beyond doubt. At first I was short of a name, but soon I found one. After seeing more cases I made the observation that it was often combined with aphthæ. In a few instances I have seen the macerated patches extend over the mucous membrane of the mouth. Such patches as were situated on the labial surfaces were dry and scaly, but the lesions on the mucous membrane showed the characteristics of aphthæ—the red seam around the whitish patch. Now I had a name—*aphthæ labrosæ*.

According to my experience the disease is not limited to the lips exclusively. I have observed it on every part of the body where derme and mucosa meet except at the anus, and I have no doubt it will be observed there also. In some families it took a peculiar course. In one the boy had the lips affected, the sister lips and eyes, and the mother the eyes alone. In another, one boy showed aphthæ, the little sister sore eyes, and the mother lips and

mouth. On inspection of the eye it was possible to see a circumscribed blepharitis, with the appearance of the aphthous patches so common in the mouth. Often there was present infiltration of the conjunctiva. The older the patient the worse the conjunctivitis. In three cases of mothers who were infected by their children, I noticed extreme photophobia and epiphora. In two cases I could see exactly the same excoriations on the border of the eyelids as was seen on the lips. Therefore I styled this form in my notebook as *blepharitis aphthosa.*

In the case of one infant the mouth was free, but lips, eyes and nose affected.

One little boy had the excoriation at the lips and on the glans penis. I saw one little girl who complained of awful burning at micturation. Inspection showed on the labia majora a few excoriations, and the vulva showed the aphthous patches.

All this convinced me that I had to deal with the same affection which I now recognize as la perléche, only in my experience the disease is not restricted to the lips.

The treatment was simple. I touched the patches once with dioxide of hydrogen or a very weak solution of nitrate of silver (eyes). For the lips I used boro-glycerol, because the child did not object to the sweetish taste of this application. The preliminary touching with dioxide of hydrogen or nitrate of silver was essential, for it destroyed the cultures at once. Recovery was rapid.

Anti-Vaccinationists Getting Vaccinated.—Gloucester, in England, sixteen miles from Berkeley, where Jenner made his discovery of vaccination, has been visited with an epidemic of smallpox. The "antis" in the place have for years been vociferous in their opposition to vaccination, but when the outbreak of the disease began to assume alarming proportions, almost every one of them hastened to get vaccinated. Some of these had the honesty to confess that they had been in error, but the majority said nothing at all, being vaccinated quietly, some even going to towns at a distance from Gloucester in the hope that the fact of their apostasy from the holy cause of the antis might escape publicity. The editor of the paper which had led in the anti-vaccination crusade could not get away, so he published a card to the public, announcing that he had been "influentially urged" to get vaccinated, and hence he had sacrificed his "personal convictions" in the hope of contributing to "the public good." The role of martyr in a bad cause is evidently not to the liking of this little man.—*Med. Rec., 1896, xlix, 759.*

MECKEL'S DIVERTICULUM.*

By W. C. Dugan, M.D.,
Louisville, Ky.

THE specimen which I show you is presented as an anomaly more than anything else. It is a Meckel's diverticulum. The patient, male, aged 11 years, was operated upon for supposed appendicitis. When the abdomen was opened in the usual site for appendicitis, this diverticulum presented, springing from the small intestine, as they always do, about eighteen to thirty-six inches from the caecum. You will observe that it is about seven inches in length by one and a quarter inches in diameter. I desire to state that I believe many cases of so-called sacculated appendicitis upon which we have operated have really been Meckel's diverticula. In this case the pedicle was twisted until it was about the size of a crow's quill, and until it had been untwisted we thought it was a sacculated appendix and that it sprung from the large intestine. But further investigation proved that it sprung from the small intestine; we then brought the intestine up carefully, exposing about twelve inches of it, and, untwisting the pedicle, found its base was really as large as any other part of the apophysis, its small appearance being due to the torsion. We then ligated the diverticulum near its base with a double litagure and cut between. While considering as to how the pedicle should be treated, the intestine above the diverticulum being greatly distended with gas, an accident happened which we very much feared might occur, the ligature slipped and left an opening, of course, the full size of the diverticulum. We then carefully closed the opening in the intestine with a double row of sutures.

In this connection I want to emphasize the importance of seeing at the time of the operation whether we are dealing with an appendicitis—so-called sacculated—or whether the condition is a Meckel's diverticulum. This is very important. If we simply compress a diverticulum with a ligature, that ligature may slip in movements of the bowel and allow the contents to escape.

I remember showing to this Society two years ago a specimen of sacculated appendix that I had removed, the patient having all the symptoms of intestinal obstruction. The appendix was ligated and removed and the stump dropped back into the cavity. I felt sure at the time that it was a sacculated appendix. The young man had two movements of the bowel that night and appeared to be do-

* Reported to the Louisville Surgical Society.

ing well. The next day he suddenly went into collapse and died within a few hours. I am confident now that this was a case of Meckel's diverticulum and that the ligature slipped. In that case I believe if I had taken the precaution to expose the intestine thoroughly I would have discovered the true nature of the trouble, and might have saved my patient.

Simple twisting of the appendix often produces symptoms of acute obstruction of the bowel, and in the case I have reported I believe the symptoms were the result of a twisting of the diverticulum upon itself, causing paresis of the bowel.

This makes the third specimen found by surgeons in this city during the last few years. The others were not the cause of trouble, and were accidentally found in the course of an operation for some abdominal disease; and it makes the second one I have found, both of which were twisted several times at the base and gangrenous. There was no adhesion. Patients both had complete obstruction of several days' standing, and were in an extremely septic condition.

I made no examination of the bowel in the first case, considering it, without any question, an appendix; and the last case came very near being overlooked and would have been recorded as a sacculated appendix.

All such appendices should be carefully examined, for the treatment might be different, unless the inversion method of treatment of the stump is practiced in appendicitis, then, of course, it would make no difference.

DISCUSSION.

Dr. A. M. Vance: I have only had one case of diverticulum in my abdominal work. That occurred in a child two and one-half years old, operated upon for right inguinal hernia which had become strangulated. Cutting into the sac, I found it to contain the caecum, vermiform appendix and a part of the ileum. Attached to the ileum was a diverticulum about half as large as the one shown by Dr. Dugan and perfect in shape. In this case I did not remove the appendix nor the diverticulum, but returned them to the cavity, closing the ring.

Note.—In *Mathews' Med. Quar., Vol. 1, No. 3,* Dr. Tuley reports two cases of Meckel's diverticulum found at autopsy; also Dr. Vance's case referred to in the foregoing discussion, and mentions a case of intestinal obstruction, reported by Dr. Councilman, in which a Meckel's diverticulum was found. The *Brit. Med. Jour.* for July contains a case of "Prolapse of Meckel's diverticulum (omphalo-mesenteric duct)" reported by Railton. I append abstract

of these five cases which may be of interest in connection with the foregoing report.

"These specimens (Tuley) were obtained during my residence at the New York Infant Asylum, and were the only cases recorded, so far as I know, in three hundred autopsies. The first was obtained from a male child, aged nine and a half months, who died from lobar pneumonia. The diverticulum arose at an acute angle from the ileum, three feet from the caecum, and is 6.5 centimeters in length, measuring from the center of the gut, and was so situated as to allow the intestinal contents, in part at least, to pass into and out of it, and then on through the ileum. At its junction with the ileum its diameter is the same as that of the gut. At its end, which is curled forward upon itself, there is a tumor-like projection with a constriction at its base.

"The second was from an athreptic child, aged four months, the intestine being much contracted throughout. It occupied the same position relatively as the one just described, and measures three centimeters in length. This child died of acute gastro-enteritis. In neither case was there a fibrous band attaching the diverticulum to the umbilicus or abdominal wall.

"A delicate male child (Vance) had a reducible inguinal hernia, which became irreducible and strangulated. The usual operation for this condition was performed, strangulation having existed six hours. The contents of the sac proved to be two coils of ileum projecting through the ring, with a Meckel diverticulum wedged in between them, thus making reduction by taxis impossible. * * The diverticulum measured at least seven centimeters in length, and its lumen was as large as that of the gut. The usual steps for a radical cure were gone through with, the result being satisfactory.

"This specimen (Councilman) is interesting from the extraordinary manner in which the strangulation was produced. The symptoms came on suddenly, and the patient died sixteen hours afterward. The entire small intestine lies on this plate. At the lower portion of the plate there is a large mass of intestine, which is intensely congested and hemorrhagic. The lumen is filled with almost pure blood. Thus the strangulated portion comprises about one-half of the small intestine. A portion of the mesentery attached to the strangulated intestine is also intensely congested, thickened and hemorrhagic. A distinct band of constriction separates this portion of intestine from the other. Around this, what appeared to be a loop of intestine was wrapped. At first it was difficult to understand the condition. It seemed as though the

strangulation was due to the mass of intestine having passed through a loop in the mesentery immediately beneath the intestine. On emptying the gut and examining the constricting band more closely, it was found to be the diverticulum of Meckel, which had become wrapped around the mesentery, with the end passed under, making a complete tie. I here reproduce the condition. Although intestinal strangulation due to Meckel's diverticulum is not at all uncommon, it does not usually take place in this way. The end of the diverticulum may become attached to the peritoneum in various places, and through the loop so formed the intestine may pass. It is difficult to see just how the condition I show here could have arisen. The end of the diverticulum which had passed under the loop was greatly swollen, and this acted as a regular button, and could not return.

"The patient (Railton), aged eleven months, was admitted into the hospital with a small, smooth projection from the umbilicus about half an inch in length, an eighth of an inch in thickness, red in color, cylindrical, and evidently covered with mucous membrane. There was no aperture leading into the abdominal cavity to be found. There was a foul discharge from the navel for some months after birth, but this had now disappeared. The projection was ligatured and cut off, thus removing all trace of the abnormality. The microscopical examination left no doubt that in this case a prolapse of Meckel's diverticulum had occurred."

PRACTICAL NOTES.

Physiology of Childhood.—There is scarcely an organ which behaves in the young as it does in later life. They are more delicately organized, and contain a larger proportion of water and are more easily injured. The bones contain less earthy matter, animal matter predominating. The brain is being rapidly developed, much more so than any other organ. The arterial pressure is not so great. The digestive organs of infants present many peculiarities. The digestive glands are but gradually prepared for their functions. The salivary glands are only partially active. The secretions of the stomach contain more lactic than muriatic acid. The stomach is less elongated and occupies a more vertical position than in the adult, hence vomiting is more frequent, more readily produced, and causes less disturbance to the general system. The liver is much larger in proportion to the size of the body than it is in adult life. All of these differences must be taken into consideration in treating infants and children, and necessitate changes in remedies and doses.—*Dict. and Hygien. Gaz., 1896, xii, 394.*

Some Good Expectorants and Cough Remedies.—The following formulæ have been thoroughly tested by Dr. James K. Crook, of New York, in hospital and private practice, and may be trusted to render good service in properly selected cases:

1. For irritative coughs:

℞ Phenacetin, 20 to 40 grains (1.3 to 2.6 grammes).
Ext. glycyrrhizæ, 20 grains (1.3 grammes).
Saccli. albi, 2 drachms (8 grammes).
Fiat pulvis, in chartulas xx dividendus.
Sig. One to be taken at one, two, or three-hour intervals.

2. For same of more obstinate character:

℞ Phenacetin, 50 grains (3.20 grammes).
Ext. glycyrrhizæ, 20 grains (1.3 grammes).
Codeinæ sulphatis, 2 to 4 grains (0.13 to 0.26 gramme).
Sacch. albi, 2 drachms (8 grammes).
Fiat pulvis, in chartulas xx dividendus.
Sig. One to be taken every two, three, or four hours.

3. When an expectorant effect is desired :

℞ Extracti glycyrrhizæ, 20 grains (1.3 grammes).
Phenacetin, 20 to 40 grains (1.3 to 2.6 grammes).
Ammonii muriatis, 1 to 2 drachms (4 to 8 grammes).
Sacch. albi, 2 drachms (8 grammes).
M. et in chart. xx div.

Sig. One powder to be taken in a little water every two, three, or four hours.

4. A good stimulating expectorant for adults :

℞ Apomorph. hydro-chloratis, 1 grain (0.065 gramme).
Syr. ipecacuanhæ, 2 fluidrachms (8 cubic centimeters).
Syr. tolutani, 1 fluidounce (30 cubic centimeters).
Aquæ dest., q. s. ad 3 fluidounces (90 cubic centimeters).
Ft. mist.

Sig. A teaspoonful five times daily at four-hour intervals. Shake well before using. Prepare freshly as required and keep in a dark-colored bottle.

5. A good stimulating expectorant for every-day bronchial and phthisical coughs :

℞ Ammonii muriatis, 2 drachms (8 grammes).
Tincturæ opii camphoratæ, spiritus chloroformi, syr. ipecacuanhæ, āā 2 fluidrachms (8 cubic centimeters).
Syr. prun. Virginianæ, q. s. ad 3 fluidounces (90 cubic centimeters).

M. Sig. A teaspoonful every three or four hours. Shake well before using.

6. For weak and fruitless coughs with loss of bronchial power :

℞ Ammon. carbonatis, 1 to 2 drachms (4 to 8 grammes).
Tinct. tolutani, 2 fluidrachms (8 cubic centimeters).
Syr. senegæ, spiritus vini gallici, syr. simplicis, āā 4 fluidrachms (16 cubic centimeters).
Aquæ dest., q. s. ad 3 fluidounces (90 cubic centimeters).
Ft. mist.

Sig. A teaspoonful in a little water every two, three, or four hours.

7. For asthmatic and emphysematous coughs:

℞ Spiritus ætheris compositi, 4 fluidrachms (16 cubic centimeters).
Potassii iodidi, ammon. muriatis, āā 2 drachms (8 grammes).
Codeinæ sulphatis, 2 grains (0.13 gramme).
Syr. tolutani, 4 fluidrachms (16 cubic centimeters).
Aquæ dest., q. s. ad 3 fluidounces (90 cubic centimeters).

M. Sig. A teaspoonful every two, three, or four hours.

8. For recurring bronchitis or winter cough:

℞ Terebene, 6 fluidrachms (24 cubic centimeters).
Ol. eucalypt., 2 fluidrachms (8 cubic centimeters).

M. Sig. Ten to fifteen drops on a little sugar every three or four hours. These doses are for adults. For children, they should be reduced according to the age of the patient.—*Medical Record—Univers. M. J., 1896, x, 125.*

Cowling's Rule for Doses for Children.—The proportionate dose for any age under adult life is represented by the number of the following birthday divided by 24—i. e., for one year, $\frac{2}{24}=\frac{1}{12}$; for two years, $\frac{3}{24}=\frac{1}{8}$; for three years, $\frac{4}{24}=\frac{1}{6}$; for four years, $\frac{5}{24}$, and so on.

Bleeding after Excision of Tonsils.—In cases of severe hemorrhage after tonsillotomy Mr. T. Mark Hovell recommends the following procedure:

Mix together

Tannic Acid, 3 parts,
Gallic Acid, 1 part,

and add a few drops of water.

Then knead the powder until it is a *hard* mass, and from it take a piece sufficient to form a ball the size of a small marble.

Place this on the forefinger of the hand corresponding to the side of the patient from which the hemorrhage is taking place, and by this means introduce it into the patient's mouth and rub it firmly against the bleeding surface, making counter pressure with the palm of the other hand placed on the side of the head over the region of the tonsil.—*Practitioner, 1896, lvi, 568.*

New Method of Administering Calomel.—J. N. Hall, in a letter to the *Medical News*, recommends in cases of mania or other mental disease, when the calomel could not be given by mouth with-

out a struggle, that a simple and effective expedient is to blow calomel into the nostril through a tube or roll of paper. The patient may be blindfolded, or, better, led to shut the eyes tightly, to escape having the application made directly to them, for such deception is certainly justifiable in some cases. The drug is nicely distributed over the nasal tract, finds its way into the intestinal tract, and operates as if given by mouth. It is not painful nor disagreeable.

Purulent Rhinitis of Children.—J. Homer Coulter (*Chicago Med. Recorder, 1896, x, 191*) recommends cleanliness, first, last and all the time as a necessity. He prefers the ordinary alkaline solution modified approximately as follows:

℞	Sodii bicarb,	ʒ ss.
	Sodii biborate,	ʒ ii.
	Ac. carbolic,	gtt. xxv.
	Glycerin,	℥ i.
	Aq. rosae,	℥ ii.
	Aq. dist,	q. s. ad. O i.

M. Sol. Use freely night and morning in an atomizer.

After first thoroughly cleansing the cavities with the above, he introduces some such solution as:

℞	Eucalyptol,	gtt. v.
	Thymol,	gr. ii.
	Campho-phenique,	ʒ ss.
	Sabalol,	q. s. ad. ʒ iii.

M. Sol. Use night and morning after solution No. 1.

Without a thorough cleansing of the cavities any medicament would be practically useless, as it would scarcely reach the mucous membrane through such a muco-purulent coating.

Ivy Poisoning.—Recent investigations quoted in the current number of *Science* establish the fact that the essential poison of *rhus toxicodendron* can be nothing but an oil. Hence water will not remove the poison from the surface, but alcohol will, if applied freely.—*Med. News, 1896, lxviii, 529.*

Cloudiness in Antitoxin Serum.—Tsershgowski states (*Vratsch*) that precipitation or cloudiness in serums does not necessarily depend upon the presence of bacteria, but may be due to the method of preparing the serum. One of the causes is the occasional lack of care in not separating completely the fibrin from the blood, which is occasionally not completely separated at the end of three days. This slowness in separating may be due to excessive

bleeding or to hunger on the part of the animal immediately before it is bled, which causes a reduction in the number of the white blood corpuscles. It may also be due to an affection of the kidneys, brought about through the treatment in immunizing the horses. Another class of causes for the cloudiness is the change in the quantity of free alkali present, or change in the solubility of the albuminous and fatty bodies present in the serum through the addition of certain antiseptics. The addition of carbolic acid as an antiseptic is apt to produce cloudiness, since the acid can be used only in the form of a solution, and the water used in making this solution produces at first an opalescence and later a decided cloudiness, while the carbolic acid itself forms insoluble combinations with the albuminous constituents. PROFESSOR DINKLER has taken exactly the opposite view as regards carbolic acid, as he thinks (*Pharm. Zeit*) that it is to be preferred to camphor, which is used by some manufacturers, though the results depend largely upon the manner in which the carbolic acid is introduced.—*Am. Druggist, 1896, xxviii, 276.*

Preparation of Pure Hydrogen Dioxide.—A neutral or acid solution of hydrogen dioxide may be evaporated down, if quite pure, to a strength of 50 per cent. If this be then further evaporated down in vacuo at gradually elevated temperature a nearly pure hydrogen dioxide comes over at about 84 to 85 degrees C. The process has been patented in Germany.—*Am. Druggist, 1896, xxviii, 275.*

Society Report.

AMERICAN ORTHOPEDIC ASSOCIATION.

THE tenth annual meeting of the American Orthopedic Association, held in Buffalo, N. Y., May 19, 20 and 21, 1896, was introduced by a scholarly and thoughtful address on the **Scope and Mission of Orthopedic Surgery** by the President, Dr. Royal Whitman, of New York. The quality of the papers read during the session was creditably high, and many contributions of permanent value will be embodied in the forthcoming Volume of Transactions. A feature of the first day's session was a lecture on **Flat Foot**, by Dr. E. H. Bradford, of Boston, Mass., in which the lantern was used to demonstrate the form and function of the natural foot, as shown by prehistoric footprints, ancient sculpture and photographs of the barefoot races and the deterioration from this standard in the dressed, civilized foot, as shown in art and nature.

The members were entertained at luncheon on Tuesday, May 19, by Dr. L. A. Weigel, of Rochester, and on Thursday by Dr. Bernard Bartow, of Buffalo. Dr. Roswell Park gave a dinner to the members and a few guests on Wednesday evening at the Buffalo Club. Good fellowship was a marked feature of the meeting, to which the hospitality of the Western New Yorkers contributed not a little.

The next meeting of the Association will take place in May, 1897, in Washington, D. C., in affiliation with the American Congress of Physicians and Surgeons. Before adjournment the following officers were elected for the ensuing year:

Samuel Ketch, M. D., New York, President.
Harry M. Sherman, M. D., San Francisco, 1st Vice-President.
Wisner R. Townsend, M. D., New York, 2d Vice-President.
E. G. Brackett, M. D., Boston, Treasurer.
John Ridlon, M. D., Chicago, Secretary.

Iodoform in Joint Tuberculosis.—An important discussion at this meeting revealed great unanimity and positiveness among the speakers as to the non-utility of iodoform-glycerine injections in joint tuberculosis. This discussion was elicited by a very carefully prepared and able paper by Dr. Harry M. Sherman, of San Francis-

co, Cal., in which the author summarized his results after these injections, which in one series of cases were intra-articular, in another intra-osseous. He reported the effects of the injections, which were most carefully and thoroughly performed and in most cases repeated a number of times, as in a few cases moderately beneficial, in a considerable number decidedly detrimental, and in the remainder without appreciable influence upon the disease.

Most of the cases were of hip-joint disease, and the injections were added to the usual protective orthopedic treatment. Dr. Sherman's results were so strongly corroborated by the other speakers as practically to settle the matter, so far as American orthopedic surgeons are concerned. Only one speaker reported generally successful results, and one claimed good effects from iodoform-ether injections in cases where sinuses were present.

In order to explain the more favorable opinion held by many general surgeons, it was suggested that their aim of treatment and standard of results in these joint affections differed somewhat from those of orthopedic surgeons. In surgical treatment the emphasis was said to be laid on the relief of pain, while in orthopedic treatment the allaying of muscular spasm and the correction of deformity appeared to be most sought after; and in interpreting reported results these differing points of view should be taken into account. However this may be, we have such high authority as Professor Senn, of Chicago, and others, favorable to the procedure, while it will find hereafter little support from American orthopedic surgeons.

The speakers at the Buffalo meeting particularly emphasized the necessity in joint tuberculosis for strict orthopedic treatment, whatever additional means might be employed.

Book Review.

INFANTILE MORTALITY DURING CHILD-BIRTH, AND ITS PREVENTION.

By A. Brothers, M.D.,

Visiting Gynecologist to Beth Israel Hospital and to the New York Clinic for Diseases of Women ; Instructor in Operative Gynecology at the New York Post-Graduate School and Hospital, etc. 179 *pages.* $1.50.

(*Phil., P. Blakiston, Son & Co.*, 1896.)

THIS essay is the outcome of the Wm. Furness Jenks Prize, which was won by the author. The Prize Committee are to be congratulated and the author is to be heartily commended for a brilliant work dealing with infantile mortality during labor, and the first few critical hours after birth. The language is clear and the classification methodical. It is a book written on advanced lines, and will not become musty from non-use, as it is the result of practical observations by a shrewd and careful observer. Under general maternal diseases we note with satisfaction that active treatment is advocated in eclampsia, for it is our experience that nothing can diminish the high fœtal mortality except early operative interference. The chapter on dystocia is safe, and rich in good advice, and we hail with pleasure the advice to delay operative interference so long as mother and child are in good condition. We claim there is too much operating during labor, and the sooner men are taught to operate only when the indications are clear and unmistakable, the better for both mother and child. The author does not put sufficient stress upon the frequent occurrence of occipito-posterior position, which is a frequent cause of maternal exhaustion and consequently of fœtal exhaustion and death.

If nothing is taught but the absolute necessity for an examination of the pelvis, the object of Dr. Brothers' book has been attained. More babies die because they cannot be delivered through a contracted pelvis than is generally appreciated. The fault lies not with the physician but with their teachers and their colleges, for the writer of this essay hardly knew what a pelvimeter was when he graduated and had only a musty idea about contracted pelvis. Since then he has ever followed the maxim, "know your patient's pelvis as you know her face." Brothers advocates the use of quinine, and deprecates that of ergot during labor. Accouchment forcé receives

a prominent place as a measure which, though old, is one of the best. Glycerine injections for the induction of premature labor are mentioned only to be condemned and properly so. Version *versus* high forceps is discussed logically and the maxim insisted on, that when the head is above the brim do version, as the operation of election. We note with satisfaction that symphyseotomy is disposed of in a lukewarm fashion, since any operation which accords a fœtal mortality rate of 15 per cent. cannot be called a life-saving operation. The chapter on asphyxia neonati is very complete and is of the greatest interest. The methods of artificial respiration are detailed at length, but we fail to find mention of the Dew method, which, to our minds, is the most satisfactory one at our command. The last chapter of the work—diseases and accidents of the new born—is interesting and valuable.

Our only criticism concerns the statistics, which are ancient and therefore without value, for they were culled before the antiseptic era. What held good then carries no weight now.

S. Marx, M.D., New York.

Abstracts.

THE PATHOLOGY AND TREATMENT OF RICKETS.

The *Journal des Praticiens*, February 29, 1896, describes the method which it believes should be resorted to in the treatment of the rickets of early life. In the first place it must be remembered that the disease depends upon an insufficient absorption and assimilation of lime salts and other substances adapted to the formation of healthy bone tissue; second, we must not forget that, according to one theory, the bones are decreased in strength by a process of auto-intoxication which is generally associated with an artificial milk diet and with dilatation of the stomach; third, we must remember that some cases of infectious disease produce rachitic tendencies, and that malaria and syphilis are peculiarly apt to do so.

Whatever may be the theories as to the pathogenesis of rickets, the *Journal des Praticiens* points out that the treatment is fairly clear. In the first place, the greatest possible attention must be paid to the diet during the early months of life. Care should be taken to see that the food contains the normal proportions of bone salts, and as much fresh air as possible should be obtained by the patient. In addition to this hygienic treatment it is well to administer mineral materials, and the following solution of phosphate of sodium is of value:

℞ Phosphate of sodium, 4 drachms.
Pure hydrochloric acid, 2½ drachms.
Distilled water, 1 quart.

One to four teaspoonfuls of this solution may be given each day in milk, according to age. In other instances a small pinch of the following powders may be administered night and morning:

℞ Sugar of milk, 2½ drachms.
Phosphate of lime, 2½ drachms.
Lactate of iron, 1 drachm.

Or,

Saccharated carbonate of iron.
Lactate of iron.
Phosphate of lime, of each, 1 drachm.
Sugar of milk, a sufficient quantity.

On the other hand, Albert proposes a more simple remedy,

namely, the administration of from two teaspoonfuls to a tablespoonful of the following solution each day :

Lime water, 6 ounces.
Simple syrup, 2½ ounces.

In still other instances cod-liver oil is a most efficient remedy, but should it produce indigestion the following mixture of Trousseau's may be employed :

℞ Pure butter, 1 lb.
Chloride of sodium, 1 drachm.
Bromide of potassium, 7 grains.
Iodide of potassium, 2 grains.

This should be taken with food in the course of three or four days. Sometimes it is well to administer at the same time $\frac{1}{200}$ grain of phosphorus.

Should syphilis be suspected as the cause of the rachitic tendency, it is hardly necessary to add that mercurial treatment, chiefly by inunction, should be resorted to.—*Therapeutic Gaz.*

OPERATION FOR VENTRAL HERNIA IN A CHILD AGED THREE YEARS OLD.

W. B. Coley (*Postgraduate, 1896, xi, 232*) reported a case of ventral hernia : Ventral hernia other than that variety following abdominal operations is seldom met with in children, and even in adults is not very common. It usually occurs in the median line, more frequently above the umbilicus than below ; sometimes it is found a little to one side of the median line in one of the lineæ semilunaris. In children it is due to a congenital defect in the abdominal wall ; in adults it is usually caused by some sudden or severe exertion, especially when pushing or pulling with the hands raised above the head.

In his case, that of a little girl, aged three years, the hernial protrusion was about the size of a small English walnut ; the opening was just above, but entirely distinct from the umbilicus, and readily admitted the thumb. She had been treated for a considerable time by the usual method of treating umbilical hernia in children, namely, by means of a small pad made of a button mould and a strip of rubber plaster two inches wide, entirely encircling the abdomen. Nearly all cases of umbilical hernia in infants and children, before they reach the age of fourteen, are cured by this simple method. Ventral herniæ such as this one, on the other hand, do not yield such favorable results from mechanical treatment. No

improvement whatever had been observed in the present case, and on account of the large size of the opening, operation had been recommended.

The operation consists in making a median incision directly over the opening. Great care must be used in making this incision, because the covering of the hernia consists in little more than the skin and a thin layer of fascia. The overlying tissues are dissected back until the edges of the recti muscles are exposed. The peritoneum is now opened, and the omentum and bowel kept from protruding by means of a small pad of gauze. The peritoneum is too thin to close by a separate suture, and is, therefore, included with the transversalis fascia. The opening is closed by a continuous suture of kangaroo tendon, which includes both peritoneum and fascia. The skin is now sutured with a fine catgut without drainage. The wound is dressed the same way as the ordinary hernia wound, with the gauze and moist bichloride gauze.

CARCINOMA OF THE RECTUM IN A YOUTH OF THIRTEEN YEARS.

Czerny (*Munchener medicinische Wochenschrift, Med. News, 1896, lxviii, 616*) has reported the case of a youth, thirteen years old, who presented in the rectum, just below the promontory of the sacrum, a tongue-shaped tumor, attached posteriorly, and ulcerated upon its inner surface. A small piece removed presented the arrangement of a cylinder-cell proliferation, and on account of the age of the patient a tentative diagnosis of papillary adenoma was made. Radical operation was, however, advised. The tumor had been in process of development for six months. The rectum was resected for a distance of 2½ inches in conjunction with osteoplastic division of the fourth sacral vertebra. The carcinomatous ulceration involved the rectum for a distance of an inch and a half, and extended through the muscular into the serous coat. All of the involved structures were removed, but the circular suture of the intestine failed to hold securely, so that a small fecal fistula resulted.

ABDOMINAL SECTION PERFORMED ON AN INFANT.

J. E. Moore (*Med. Journ., 1896, lxiii, 717*) reports the following case of laparotomy upon an infant. On January 23, 1896, Baby F., aged seven months, was brought to him suffering from what proved to be an umbilical hernia. The child was very frail, weighing only twelve pounds. It had been born at seven months, and is said to have weighed but two pounds when born. Its umbili-

cus had always been moist and rather prominent. A few days before he saw it, it had been attacked with a severe cough, and the umbilical protuberance had gradually enlarged. Upon examination, a hernia about as large as the first two phalanges of the index finger presented. The surface was raw and congested, and the child was very weak, constantly crying and straining, and gave symptoms of a strangulated hernia. A probe could be passed through the apex of the hernia into the abdominal cavity. The child was taken to the operating room and prepared for operation in the usual manner. At first we feared to give the little one chloroform, because he was so very frail. An incision was cautiously made through the outer wall of the hernia and gut found in the center. The umbilical opening was enlarged above and below. The child screamed so that the intestines could not be controlled, and Dr. Cutts administered chloroform. We then found that the hernial sac was composed of what seemed to be the remains of the umbilical cord, and that the gut contained in it was a Meckel's diverticulum with an opening in its extremity. The diverticulum projected at a right angle from the small intestine, and was about two inches and a half long. The child was in collapse, so that removal of the diverticulum could not be considered. The opening in the gut was closed with Lembert sutures of silk, the bowel returned, and the abdominal wound closed with silk sutures. The child was carried home in its mother's arms in a street car. It made an uninterrupted recovery.

ENCEPHALOCELE: OPERATION — RECOVERY, FOLLOWED BY HYDROCEPHALUS.

J. M. Maury (*Memphis M. M., 1896, xvi, 186*) reports the case of a male, aged 3 weeks. At birth the child had a lump on the back of its head the size of an egg; that lump had steadily increased in size, but gave no trouble except from its size and position.

The tumor, three weeks after birth, was half the size of the child's head; was attached to the occipital region by a broad pedicle; gave distinct fluctuation; was not reducible, and transmitted light except at the base, where it was opaque. The coverings were tense and shining. There was no fluctuation either in the tumor or in the fontanelles.

The tumor was kept under observation for four and a half weeks, during which time the size gradually increased, until, at the age of 7½ weeks, it was a shade larger than the child's head.

On March 15 sixteen and a half ounces of fluid was drawn off by aspiration. Though this did not completely empty the sac, the

opening in the skull, which was in the median line just below the external occipital protuberance, and about three-fourths inch in diameter, could be distinctly felt. Through this opening protruded a portion of brain the size of the last phalanx of the thumb. The protruded brain matter was considerably firmer than normal, and easily reducible.

On March 16, a longitudinal incision laying open the sac was made; then, stripping up the dura to the opening in the skull, he transfixed it close to the cranial opening, tied it with heavy catgut, and cut away the redundant portion; flaps were then made from the pericranium and stitched over the pedicle.

During the operation the child's head was kept elevated, to prevent draining the cranial cavity of its normal fluid. Primary union was secured, and the recovery uneventful. Pressure was made over the cranial opening for one month by means of pads and adhesive plaster.

Three weeks after the operation it was noticed that the head was enlarging and the fontanelles bulging. By the last of April the head was double its natural size, the sutures had all separated, and the facial appearance was that characteristic of hydrocephalus. The child died in the latter part of May from entero-colitis, the head having steadily increased in size.

OSTEOPLASTIC OPERATION FOR LOSS OF SUBSTANCE OF THE TIBIA—SKIAGRAPH SHOWING RESULT.

Howard Lilienthal (*Med. News, 1896, lxviii, 365*) reports the following case as worthy of record, because it exemplifies a rather rare surgical operation, and also because the result, as shown by the skiagraph, is quite different from what might have been reasonably surmised from the history of the operation, from inspection after recovery, and even from the most careful palpation.

M. S., a boy nine years old, was run over by a horse car, early in June, 1894, and sustained a compound comminuted fracture of the right tibia, with severe laceration of the soft parts. There had been a left coxitis resulting in ankylosis some years before, but otherwise the boy was healthy. Severe infection, with profuse suppuration, so menaced the life of the patient that a surgeon, who saw him a few days later, entertained the idea that amputation would be necessary. On June 8th, about six days after his injury, his parents brought him to Mount Sinai Hospital, where at once the wound was drained by several ample incisions. The tibia had been split and comminuted throughout almost its whole shaft, but by some lucky

chance the fibula was intact. Many little detached pieces of perfectly dead bone were removed, and it was found that from two to two and a half inches of the lower third of the tibia was gone. The destruction of tissue had been so great that daylight could be seen through the leg for a space fully as large as a half-dollar. Recovery from this operation was slow but uninterrupted. Several pieces of dead bone were removed at various times, but finally every sinus closed. The limb was, however, useless without the aid of splint and crutch, the loss of tibial substance allowing the foot to flap about in rotation around the unbroken fibula. An aluminum splint was now ordered, and the boy was allowed to walk about with the aid of crutches in the hope that ossification of the interposed fibrous tissue might take place.

On July 23, 18 5, fully ten months after recovery from the previous operation, an operation was done to restore the function of the limb by tibio-fibular osteoplasty, an operation suggested by success in similar cases in the hands of Gerster, Sands and others. A longitudinal incision was made over the hiatus in the tibia, all non-osseous tissue between the two ends of bone was removed with the knife, the bone itself being freshened with the chisel. A long incision was now made over the fibula and an osteotomy was performed, cutting the fibula at a point just above the lower extremity of the upper tibial fragment. The lower fibular fragment was now tilted inward in such a manner that its side rested against the lower piece of tibia, and its end rested against the end of the upper tibial fragment. Holes were drilled through fibula and tibia and the bones were fastened together with thick twisted silk. The upper piece of fibula was held by the bandage so that it slanted toward the tibia, but it was not sutured. The skin wounds were now entirely closed with catgut stitches, and a firm dressing with a plaster of paris splint was applied over all and was kept in place for three weeks, when, at the first dressing, all was found to be healed excepting two small sinuses, through which, later, the silk sutures and a small, loose piece of bone were removed. Bony union was very slow, and it was not until November, 1895, that he felt safe in allowing the splint to be discarded. Since that time the patient has been perfectly well and walks with only a very slight limp, which is due to his ankylosed left hip. The head of the fibula has returned to its normal position.

The skiagraph, which accompanies this paper, though taken through the stocking and at a distance of fifteen inches from the source of energy, has been in its lower part somewhat over-exposed.

The view is a posterior one, which accounts for the seemingly reversed relations of the bones. It will be seen at a glance that the result is an almost normal position of tibia and fibula, with a very thick and dense bridge of bone connecting them obliquely. A faint light streak in the lower part of this bridge seems to indicate the medullary canal of the displaced fibula, but the free end of the upper fibular fragment has separated from the tibia and has assumed its normal position, being connected with the lower fragment of fibula by this same bony bridge. How this state of affairs was brought about, only a series of skiagraphs, taken at different times during the healing process, might have disclosed. It is, however, probable that if the light streak referred to is in reality the marrow canal of the fibula, that the upper fibular fragment assumed its normal position before the ossification of the callus. The new bone is evidently denser and stronger than the normal, which accounts for the perfect functional result. The boy was presented at the meeting of the Surgical Society of March 25th.

ACUTE RETROPHARYNGEAL ABSCESS, WITH A REPORT OF THREE CASES.

Emil Mayer (*Eye and Ear Infirm. Rep., Jan., 1896*) gives the history of the following cases :

Case 1.—Celia M., aged 1 year, presented for treatment February 9, 1895. The mother stated that the child had been well until a week previous when, after some few days of restlessness with fever, she began to swallow with pain. Deglutition became more and more painful until the last day or two, when she would grasp eagerly for nutrition, only to let it go upon the first attempt to swallow, screaming with pain. In addition to this her respirations had become impeded. She presented a pitiable appearance. Her extreme pallor, with the mouth widely open and noisy inspirations, pointed to some obstruction high up. A glistening mass was seen on the posterior pharyngeal wall to the left of the median line, and the finger introduced showed it to be fluctuating. The examination induced a great degree of cyanosis.

With the head well extended and a mouth-gag inserted, a carefully guarded bistoury was introduced into the fluctuating mass and a quantity of pus and blood exuded, giving instant relief to all pressure symptoms. Shortly after it was eagerly suckling and swallowing in a natural manner. There were no recurrences, and at the end of a fortnight no traces of the trouble remained.

Case 2.—Morris R., aged 6 months, was brought to the In-

firmary March 6, 1895. The history elicited was that of a continued illness for a month past, with increasing difficulty in deglutition and dyspnœa until the present time. He had been treated for bronchitis, croup and enlarged tonsils. An examination revealed a pale and emaciated infant, whose respirations were extraordinarily loud, whose lips were cyanotic, pulse thin and feeble, and with the forehead bathed in cold perspiration. Local examination was difficult, but a retro-pharyngeal abscess, situated to the left of the median line and rather low in the pharynx, was clearly seen. The finger felt it distinctly, and the cyanosis this occasioned was extreme. The child was sent into an adjoining room to rest while the sterilized instruments were being procured.

In fifteen minutes he was again brought in for an examination by my colleague, who had arrived. Held in his mother's lap, a small tongue-depressor was used, the child became cyanotic, gave one gasp, and died. Every attempt at resuscitation failed. No post mortem was permitted.

Case 3.—Isaac K., aged 6 weeks, was brought to the clinic May 29, 1895, with a history of obstruction to deglutition lasting two weeks. No dyspnœa. Is fairly well nourished. Examination showed a firm swelling which was hard and tense to the touch on the posterior pharyngeal wall, low down and to the right. There being no point of fluctuation and the pressure symptoms not being urgent, he was kept in the ward under close observation and antiphlogistic treatment. He became better rapidly, and at the expiration of four days was taken home. At the end of the third week there was nothing left of the tumefaction, and he was discharged cured.

The interest in these cases lies in their variety. One incised and recovered, one died of exhaustion and marasmus before any remedial measures were instituted, and one became absorbed. It is this last kind of case that requires extremely careful watching.

SUDDEN DEATH AFTER LUMBAR PUNCTURE.

P. Fuerbinger (*Cent. f. Inn. Med., Am. M.-S. Bull., 1896, ix, 697*) reports a case of cerebellar tumor in which death suddenly occurred six hours after lumbar puncture. Of 86 previously published cases in which spinal puncture was carried out, death occurred unexpectedly in four. It is worthy of note that of five cases of cerebellar tumor, in which the author practiced lumbar puncture, no less than three died suddenly within 6 to 40 hours. In two of these cases autopsy showed tumor of the cerebellum; in all three there was considerable dilatation and filling of the lateral ventricles; in

the subarachnoidal and subdural spaces of the spinal cord there was but little fluid. Tumors in the neighborhood of the fourth ventricle produce by compression partial or complete arrest of communication between the ventricles, subarachnoidal and subdural spaces. The possible cause of the sudden death after lumbar puncture, the author thinks, lies in disturbances of nutrition of the brain substance, caused by abstraction of fluid and consequent pressure exerted upon the cerebellum by the rigid margins of the depressions in the occipital bone.

INTRA-UTERINE FŒTAL ENDOCARDITIS.

In addition to various malformations of the heart and defects of development, the new-born infant may present evidences of endocarditis of intra-uterine or pre-natal origin. Under such circumstances almost invariably the right side of the heart is affected, in consequence of being the more active during fœtal life, just as the left side is usually involved when the endocarditis occurs during post-uterine existence. The most recent instance of this localization is reported by Brindeau, who details the case of an infant dying a few hours after birth and presenting post mortem evidences of tricuspid valvulitis with insufficiency. The child was born at term of a mother twenty-two years old, in excellent health, free from infectious diseases during pregnancy, and without a history of syphilis or rheumatism. The child was well developed, except for its head, which though well ossified was disproportionately small. Respiration was evidently interfered with, and the face was deeply cyanotic. In the submaxillary region upon either side was a regular, soft tumefaction, as large as an egg upon one side and as a walnut upon the other, yielding on pressure, but resuming its original fulness on removal of the pressure. Each presented pulsation and appeared to communicate with the other. Auscultation disclosed a bruit synchronous with the cardiac systole. The child lived only a few hours after birth and the post mortem examination disclosed a condition of tricuspid insufficiency. The heart was greatly enlarged, principally at the expense of the right side, and almost entirely filled the thoracic cavity. Puncture of the right auricle permitted the escape of a large quantity of blood, with the disappearance of the tumor upon either side of the face. The superior vena cava was greatly dilated and the jugular vein in even greater degree. The latter formed the facial swelling. All of the communicating veins were likewise dilated. The wall of the auricle was thinned, but that of the ventricle was thickened, exceeding even

the thickness of the left ventricle. The tricuspid orifice was greatly dilated, permitting the introduction of the whole hand. The valve leaflets were thickened, shortened and incompetent. The pulmonary orifice displayed no abnormality. The orifice of the superior vena cava was enlarged; that of the inferior was normal in size. The foramen of Botal was closed; the ductus arteriosus was obliterated. The left side of the heart presented no abnormality. Histologic examination of the tricuspid valve disclosed a round cell infiltration in process of fibrous transformation, but without the presence of micro-organisms.

Zariquiey has reported a case of tricuspid and pulmonary obstruction and insufficiency, with right-sided ventricular hypertrophy, in an infant dead at the age of eleven months, which presented at birth cyanosis and a soft, prolonged cardiac murmur following the first sound of the heart, and occupying the period of silence. The murmur was audible over the whole cardiac area, though heard with greatest intensity at the left base, and was propagated toward the left clavicle.

Railton has reported the case of a boy who died at the age of four years, and presented, in addition to a deficiency of the interventricular septum and right-sided hypertrophy of the heart, old tricuspid valvulitis, which was believed to be of pre-natal origin, together with recent endocarditis, which was assumed to be a continuation of the original process.

That a pregnant woman suffering from infectious disease may give birth, prematurely or at term, to a child suffering from the same disease has long been recognized; and recent experience demonstrates that the transmission takes place through the placenta. We have also learned that any infectious process is capable of causing endocarditis. It may thus happen that the pregnant woman is attacked with rheumatism, or typhoid fever, or influenza, or pneumonia, or other infection, while her unborn infant, though possibly escaping the primary disease, is the victim of an inflammation of the endocardium of the right side of the heart, the consequences of which persist throughout life.—Editorial, *Med. Rec., 1896, xlix, 702.*

REMOVAL OF A FOREIGN BODY FROM THE BRONCHUS.

T. K. Hamilton (*Austral. M. Gaz., 1896 xv, 132*) reports the case of a child, aged 5 years, with the following history:

On the afternoon of the 14th March the child had a bean (one of the seeds from the cone of the stone pine) in her mouth, and, commencing to cry at the time, drew it down into her larynx. If

she cried the breathing became stridulous, with much dyspnœa, and air did not enter the right lung at all freely.

When seen on the 16th the child was rather restless, had occasional paroxysms of cough, breathing regular, and no stridor. A low tracheotomy was performed, and a suture inserted in each side of the incision through the trachea, to make the wound gape and keep it open. Then the child was inverted, and the foreign body was coughed out through the opening.

The child has since made a rapid and uninterrupted recovery. There was a slight rise of temperature on the second and third day, but it soon went down again to normal. The wound has almost completely united, and the little patient has recovered her usual health.

IS INHERITED SYPHILIS CONTAGIOUS?

Robert W. Parker (*Edinb. M. J., 1896, June, 1124*) discussed this subject, and based, upon a twenty years' experience at the East London Children's Hospital, the followed conclusions:

1. The children of syphilitic parents very frequently show manifestations of a disease which is almost universally called "inherited syphilis."

2. In a large proportion of the cases this inherited disease is not syphilis at all, in that the disease is non-contagious, and would be better named "inherited from syphilis."

3. This inherited disease is true syphilis only if it conform to the ordinary tests which pertain to contact syphilis, and prove to be infectious and contagious.

4. The children of syphilitic parents occasionally inherit syphilis.

5. The mother suckling a child with such a disease may be infected by it.

6. A healthy wet-nurse and other persons brought into contact with such a child are even more liable to be infected by it than the mother.

7. Lymph taken from such a child, even although apparently well at the time, will probably, or possibly, invaccinate syphilis.

8. In reply to the question, Can a healthy woman give birth to a syphilitic child? the answer must be No.

9. Many women give birth to children who suffer from what is called "inherited syphilis" without themselves appearing to be infected. The explanation is obvious: this "inherited syphilis" is not

syphilis in the true sense, and the mother's so-called *escape* depends on this fact.

10. There is no recent clinical evidence which fully realizes Colles' teaching, viz., a mother suckling her own syphilitic infant and escaping an infection to which a healthy wet-nurse suckling the same infant and other members of her family, who have merely handled this infant, have succumbed, the latter facts being essential, if only to establish the contagiousness of the infant's disease in any and every given case asserted to be "inherited syphilis."

THE EFFECT PRODUCED UPON CERTAIN ANIMALS BY INJECTING INTO THE RECTUM THE TOXINS AND ANTITOXINS OF DIPHTHERIA AND TETANUS.

Paul Gibier (*Therap. Rev., 1896, iv, 27*) after many careful experiments, concludes that :

1. In rabbits, dogs and guinea pigs, the rectal injections of relatively massive doses of diphtheria and tetanus toxins are followed by no apparent effects.

2. The rectal injections of even large doses of these toxins, many times repeated, does not produce the least degree of immunity against the toxin thus injected.

3. The rectal injection of doses of antitoxin (diphtheria and tetanus), at least a thousand times larger than the preventive subcutaneous dose, is powerless to prevent death from a minimum fatal dose of diphtheria or tetanus toxin.

4. The rectal mucous membrane may retain the active principles of the toxins and the antitoxins, or it may destroy them. In case it permits their absorption, the inference is indubitable that they are carried through the portal system to the liver, and destroyed by that organ.

Antique Furniture

Examples of Genuine Sheraton Chippendale and Queen Anne Furniture

Some very fine Specimens of WARDROBES, DRESSING TABLES, WASHSTANDS, Chests of Drawers, &c., at moderate prices. Complete sets of Chippendale Chairs. Side Boards and Side Tables in the "Adams" style.

A Quantity of Antique Carpets and Rugs

Specialities in Curtain Fabrics

THAT CANNOT BE OBTAINED ELSEWHERE

The Largest Show Rooms in London for the display of Furniture in good taste at moderate prices

Our NEW ILLUSTRATED CATALOGUE is just issued; containing upwards of 2,000 Designs with Estimates for Furnishing. Free on application

Druce and Company

Baker Street London, W.

The Next Best Thing

To a course of study at the Philadelphia Polyclinic and College for Graduates in Medicine, is to invest **one dollar a year** in a subscription to the Journal of the College.

The Philadelphia Polyclinic is published weekly and gives Brief, Practical, Original Articles, selections from the best in Current Literature, and a series of Valuable Notes from the Clinics and Laboratories of the College.

If not already a subscriber, send in your name at once.

Or

CUT THIS OUT.

The Philadelphia Polyclinic and College for Graduates in Medicine:

Enclosed please find 10 cents in postage stamps, for which please send me, for FOUR WEEKS' FREE TRIAL,

Your Weekly Journal, **The Philadelphia Polyclinic.**

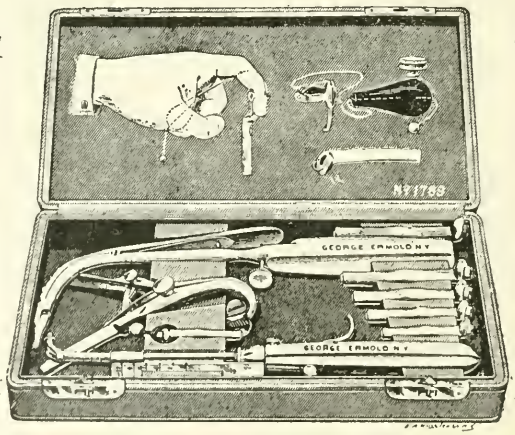
NAME,_____M. D.

P. O. ADDRESS,_____

Dr. O'Dwyer's Intubation Set

WITH DR. DILLON BROWN'S EXTRACTOR.

A complete line of Superior Surgical Instruments constantly on hand.



Orthopaedic Appliances, Hospital Furniture, Trusses, Bandages, Etc.

Manufactured by

GEORGE ERMOLD,

312-314 East 22d Street, NEW YORK.

DIOVIBURNIA

A POWERFUL UTERINE TONIC ANTISPASMODIC AND ANODYNE

THE RELIABLE AND TRUSTWORTHY REMEDY FOR THE RELIEF OF DYSMENORRHOEA AMENORRHOEA MENORRHAGIA, LEUCORRHOEA, SUBINVOLUTION, THREATENED ABORTION, VOMITING IN PREGNANCY AND CHLOROSIS, DIRECTING ITS ACTION TO THE UTERINE SYSTEM; AS A GENERAL TONIC AND ANTISPASMODIC UNEXCELLED.

OUR LATE TREATISE ON FEMALE DISEASES

EMBRACING CONTRIBUTIONS FROM THE MOST ABLE GYNECOLOGISTS, WITH FINE COLORED LITHOGRAPHS OF THE UTERUS AND APPENDAGES, AS WELL AS CEREBRAL LOCALIZATION CHARTS AND FORMULA, WITH OTHER INFORMATION, MAILED ON APPLICATION.

TO THE PROFESSION ONLY, WHO ARE UNACQUAINTED WITH OUR PRODUCTS, "DIOVIBURNIA" "NEUROSINE" AND "SENNINE", WE WILL FURNISH SAMPLE FREE, THEY PAYING EXPRESS CHARGES.

DIOS CHEMICAL CO., ST. LOUIS, MO., U.S.A.

HUDSON'S FOOD

"A WHOLE MEAL FOOD."

RICH IN ALBUMINOUS PHOSPHATES AND FATS.

Composed of LENTILS, OATS and BARLEY, with 1 per cent of POWDERED BONE. Invaluable for the feeding of hand-fed infants, young or delicate children, nursing mothers and convalescents. EASILY DIGESTED — VERY NUTRITIOUS — PERFECTLY PALATABLE. Samples and literature free.

HUDSON CHEMICAL CO., 110 Hudson Street, New York.

J. FEHR'S

"Compound Talcum"

"BABY POWDER."

The Hygienic Dermal Powder for Infants and Adults.

Originally investigated and its therapeutic properties discovered in the year 1868 by Dr. Fehr, and introduced to the Medical and the Pharmaceutical Professions in the year 1873.

COMPOSITION—Silicate of Magnesia with Carbolic and Salicylic Acid.

PROPERTIES—Antiseptic, Antizymotic, and Disinfectant.

USEFUL AS A GENERAL SPRINKLING POWDER

With positive Hygienic, Prophylactic, and Therapeutic Properties.

GOOD IN ALL AFFECTIONS OF THE SKIN.

Sold by the Drug Trade generally.—Per Box, plain, 25c.; perfumed, 50c. Per Dozen, plain, $1.75; perfumed, $3.50.

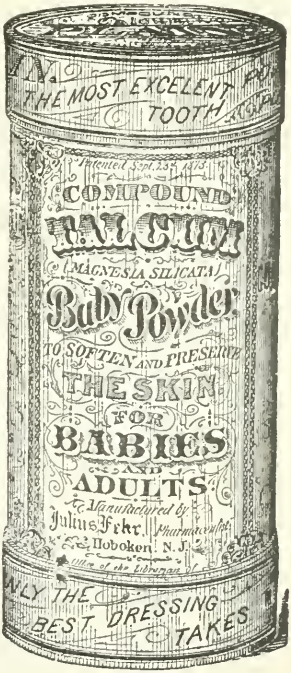
THE MANUFACTURER,

JULIUS FEHR, M. D.,

ANCIENT PHARMACIST,

Only advertised in Medical and Pharmaceutical Prints.

Hoboken, N. J.



Announcement

PEDIATRICS

A Semi-Monthly Journal Devoted Exclusively to the Prevention and to the Study of Diseases of Children.

Owned by Dillon Brown, M.D., of New York, and edited by George Carpenter, M.D., of London. ☙☙☙☙☙☙☙☙☙☙☙☙ Issued on the first and fifteenth of each month by the ☙☙

VAN PUBLISHING CO., 1432 BROADWAY, Cor. 40th St., New York, 85-89 GREAT TITCHFIELD ST., W. London. ∴ ∴ ∴ ∴

An International Medical Journal, the aim of which is to put before the Profession in an easily absorbable form, all that is new and valuable pertaining to the prevention and treatment of disease as it manifests itself in children. ... ...

Prominent Features of PEDIATRICS are:

I. Its staff of collaborators are recognized leaders in the departments which they represent. They will contribute not alone original articles, but will prepare at stated intervals, comprehensive up-to-date retrospects embodying the results of labor in their respective fields. They will also contribute brief practical editorials, which shall be the reflexion of personal experience.

II. Its original articles are brief, well written, practical and properly illustrated.

III. Each number contains an illustration (half-tone or engraving), portraying a strikingly typical disease, thus facilitating recognition of rare types and of uncommon manifestations of common diseases.

IV. The Progress of Medicine Department will embody a review and digest of the literature of the diseases of children that is contributed to medical journals the world over.

V. PEDIATRICS will contain full reports of the meetings of the British Orthopedic Society, the American Pediatric Society, the Pediatric Section of the New York Academy of Medicine, the Ohio State Pediatric Society, the American Orthopedic Association, and all of the English and Continental Societies devoted to diseases of children.

VI. Its Department of Therapeutic hints and suggestions will aim to reflect therapeutic methods and measures that have been serviceable in the hands of the specialist and the general practitioner.

VII. New instruments, new procedures, anything contributing to the advance of Pediatrics will be fully and promptly discussed.

VIII. Its columns are open to any physician who has something of interest to communicate on the subject of diseases of children.

IX. On account of its fortnightly appearance its size is convenient and its matter recent, qualities that will recommend it to the busy practitioner.

X. Its subscription price is, commensurate with its contents, as low as any medical journal published, $2.00, or 8 shillings a year, 24 numbers.

Subscribe now for 1896.

Published on the 1st and 15th of the month. $2 or 8s. a year.

Pediatrics

DEVOTED TO THE DISEASES OF CHILDREN.

1432 Broadway, cor. 40th St., New York.
85 Great Titchfield St., W. London.

Please put my name on the list of subscribers to PEDIATRICS

Name.....

P. O. Address.....

County or City.....

State.....

The RECEIPT of all money is immediately acknowledged by a postal card.

PEDIATRICS

Published SEMI-MONTHLY with Illustrations.

$2 or 8s. a year.

All Communications should be addressed to PEDIATRICS, 1432 Broadway, New York, or 85 Great Titchfield St. W., London. All exchanges should be sent to 1432 Broadway, New York.

Manuscripts received only on condition that they are contributed *exclusively* to this journal. Rejected manuscript will be returned.

Compensation to Contributors.—Illustrations will be provided without cost to the author, and 300 reprints or 100 copies of PEDIATRICS containing the article will be furnished. Extra reprints will be supplied *at cost* if the order accompanies the manuscript.

Subscription price, $2 or 8s. a year. Subscriptions may begin at any date. Subscribers failing to receive PEDIATRICS will confer a favor by sending a postal card to either the New York or London office, and the omission will be supplied.

How to Remit.—The safest mode is by Bank Check, Draft, Express Order or Postal Money Order, payable to the order of PEDIATRICS. Cash must be sent in Registered Letter.

Receipts.—The receipt of all money is immediately acknowledged by a postal card.

Copyright.—The entire contents of PEDIATRICS are covered by general copyright in the United States and Great Britain, but editors are welcome to use any article, provided credit is given.

Contracts.—No contract involving the expenditure of money or any departure from the approved regulations adopted for the business of PEDIATRICS is valid unless signed by the owner.

Views of Contributors.—The Editors and Publishers are not responsible for the views of contributors.

Entered at the Post-Office at New York at Second-Class Rates.

PUBLISHER'S NOTES.

Theoretically, Hudson's Food, one of the most recent applicants for public favor, combines the essential ingredients in matter and preparation of an exceedingly nutritious and easily digested food, as a general nutrient and to supply the waste by disease.

Results substantiate the theory. We have used the food in the weak digestion of children, in anemia and typhoid with excellent results, and professional friends report excellent results in diabetics. E. G.

Dysmenorrhoea.—In the March number of the *Alabama Medical and Surgical Age* is a very interesting article on Dysmenorrhoea by G. C. Chapman, M. D., of Birmingham, Ala., which we hope to soon reproduce in our journal.

Speaking of various methods of treatment, the Doctor says: "But the remedy that has proven the greatest boon to my patients has been dioviburnia, given in tablespoonful doses, four times daily, beginning four or five days preceding the expected attack, and, after the flow is established, every two or three hours."—*California Medical Journal.*

European Indorsements.—The *London Lancet* of March 28th, 1896, says editorially: "Antikamnia is well spoken of as an analgesic and antipyretic in the treatment of neuralgia, rheumatism, etc., etc. It is not disagreeable to take, and may be had either in

powder or tablet form, the latter being made in five-grain size. It is described as not a preventive of, but rather as affording relief to, existent pain. By the presence in it of the amine group it appears to exert a stimulating rather than a depressing action on the nerve centers and the system generally. If this be so, it possesses advantages over other coal-tar products."

The concise indorsement of the *Edinburgh Medical Journal*, which appeared in the January issue, is equally interesting: "This is one of the many coal-tar products which have lately been introduced into medicine in Scotland. In doses of three to ten grains, antikamnia appears to act as a speedy and effective antipyretic and analgesic."

The Treatment of Muscular Cramps in Fractures.—In the treatment of fractures, especially of the lower extremities, difficulty is occasionally experienced from the muscular spasms, which are not only very distressing to the patient, but may interfere with the proper apposition of the fragments. It is the custom in these cases to prescribe an opiate, but, according to Dr. Andrews, there is a remedy which has a remarkable anti-spasmodic power in relieving the cramps of fractured limbs, namely, sulfonal. Although this observation was made several years ago, it has not received the attention it merits.

80,000 SUBSCRIBERS!

You Don't Think it is Possible?

IT IS!

Send **10c.** for Six Months' Trial Subscription, and you will learn Why!

NO MORE FREE SAMPLE COPIES

SUBSCRIPTION BLANK.

Publisher American Journal of Surgery and Gynæcology:
St. Louis, Mo.

Please enter my name as a snbscriber to your monthly journal, beginning with..... No., 1896. Enclosed find cash to pay to..... 189.....

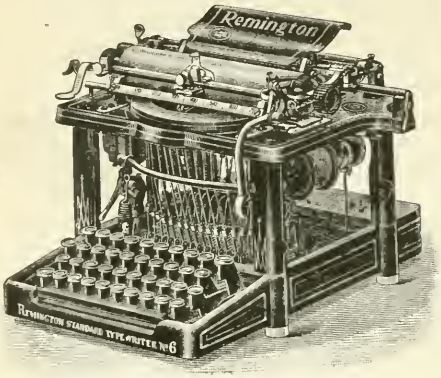
Signed.....M. D.

P. O......

State.....

Date..... *1896.*

A DEVELOPMENT—
NOT AN EXPERIMENT.



Lots of experiments are on the market for the public to test. The

NUMBER SIX MODEL

Remington Standard Typewriter

Offers Results—Already Tested.

Send for Copy of Special Keyboard for Medical Writers.

Wyckoff, Seamans & Benedict,
327 Broadway, New York.

It Pays to Advertise
...IN...
PEDIATRICS

Because 5000 physicians read it twice-a-month. It is the only medical journal that gives its advertisers an itemized sworn statement of its circulation. Subscription books open for inspection.

1432 Broadway, New York.

AGENTS WANTED

to canvass
for

...PEDIATRICS...

Liberal inducements
offered

VAN PUBLISHING COMPANY
1432 Broadway, cor. 40th St.
NEW YORK

HE BEST GENERAL LAXATIVE AND CATHARTIC IN THE MATERIA MEDICA

is undoubtedly Castor Oil. Its one objection is its disagreeable taste. Prof. Adolph Sommer's discovery that Benzoic Sulphinide or Saccharine is soluble in oils has enabled us to issue a Castor Oil which is literally as palatable as honey. Laxol is nothing more nor less than a superior quality of cold-pressed Castor Oil, sweetened with Saccharine and flavored with Oil of Peppermint. It tastes very much like Syrup of Peppermint, and children will be found to take it readily. We are anxious that every physician should be familiar with Laxol, and upon application, will gladly send a bottle, express prepaid. Seeing is believing, and we hope that our offer will be taken advantage of.

A. J. WHITE, Sole Agent,

30 Reade St., New York.

FARBENFABRIKEN VORM. FRIEDR. BAYER & CO.'S PHARMACEUTICAL PRODUCTS.

Europhen

Europhen is a powerful antiseptic and cicatrisant, non-poisonous, and of an agreeable odor, adheres firmly to denuded surfaces, forming an ideal dressing for ulcerative lesions of the skin and mucous membranes, especially those of venereal character.

Salophen

In acute and chronic rheumatic fections Salophen is the most e gible remedy, being equal in efficacy to the salicylates and free from their toxic and unpleasant action, and is highly recommended in migraine, cephalalgia, sciatica, and for the pains of influenza.

Piperazine-Bayer

Piperazine - Bayer has been found superior to all other remedies as a solvent of uric acid and uratic deposits in various parts of the body, especially the kidneys and joints, and is greatly esteemed in the treatment of lithæmia, gout, renal calculi and hematuria.

also { ARISTOL — LOSOPHAN — LYCETOL-BAYER — PHENACETINE-BAYER — TANNIGEN — TRIONAL — SULFONAL-BAYER } **and**

Somatose

A Scientific Food, Tonic and Restorative,

consisting of the albumoses, the elements necessary for nutrition — It is an odorless and practically tasteless powder — Is palatable, well relished, and stimulates the appetite — Is easily digestible, and does not overtax the stomach — Is readily assimilated, producing a rapid gain in flesh and strength — Is less expensive than other food preparations, considering the small dose and the high and concentrated nutritive value.

Supplied in 2-oz., ¼, ½ and 1-pound tins; also the following combinations:

SOMATOSE-COCOA — A superior Cocoa with 10% Somatose for mothers, invalids and convalescents. A desirable addition to the diet of children, and a pleasant beverage for table use.

Somatose-Chocolate (10% Somatose), for eating and drinking.

SOMATOSE BISCUIT

an appetizing, nourishing food for invalids and delicate children. Compact in form, stimulating and strengthening, for bicycle rides, in fishing and hunting trips, or when travelling.

Pamphlets, with full information, mailed free.

Schieffelin & Co.

New York, Sole Agents.